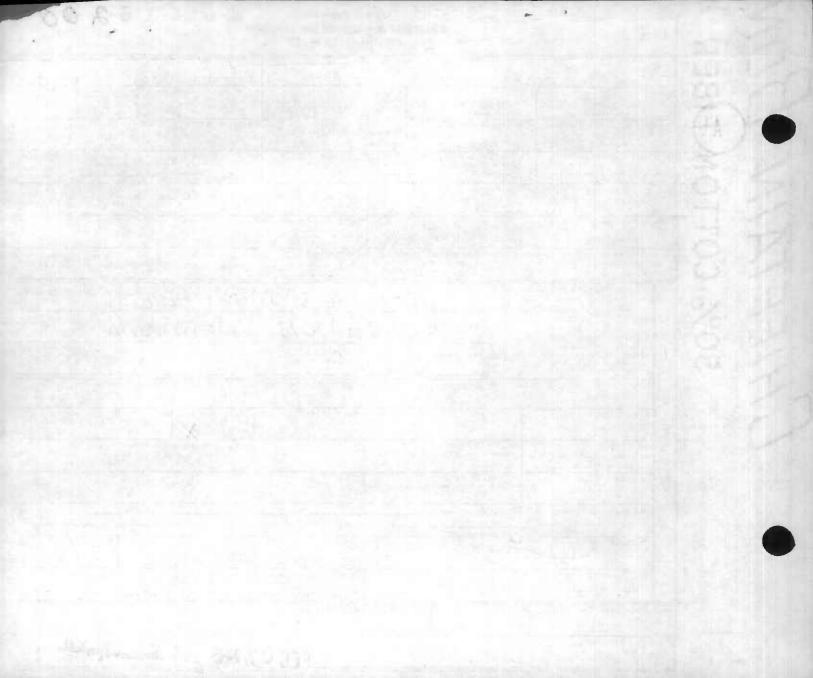
| 7 | 1. | FOR STATE REGISTRAR | DEPART | MENT OF H | E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH | IENE REG. NO. | 0 3 3 | .00 |
|--|----------------|---|--|-------------------------|--|---|---|--|
| oth a | | CEASED NAME FIRST | MIDDLE | t | AT DID ET C | 20 DATE OF DEATH M | | A |
| may b | 3. SE. | × WILD | A OLETA | 5. DATE C | ALBURTIS OF BIRTH | FEBRUARY 3. | 1985 IDAY) IF UNDER LY | |
| | | Female | White | Feb | | 77 | 7 YRS MONTHS D | DAYS HOURS MIN. |
| (that 95 | 7a. Bi | RTHPLACE (STATE OF FOREIGN COUNTRY) W. Va | U.S.A. | 9 8 MARRIE WIDOWE | D NEVER MARRIED | 9. BALTIMORE CITY OR | | egany MD. |
| 1 | «C | TY OR TOWN OF DEATH UMBERLAND | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE MEMORIAL HOSP | TTAT. | DR OTHER INSTITUTION | 12a. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Housekeepe | WORKING LIFE) INDUS | ND OF BUSINESS OR |
| filled in could be could be | USU, 13a. S | AL RESIDENCE (IF NURSING HOME OR I STATE 136 COUN Md Alle | OTHER INSTITUTION GIVE RESIDENCE BEFO | RE ADMISSION) | 13d. INSIDE CITY LIMITS? YES X NO | 13e STREET ADDRESS / 1 | ZIP CODE O | ?/503 :eet |
| 1 de 011 | | ATHER'S NAME FIRST Edward | AIDDLE LAST May | hew | IS MOTHER'S MAIDEN NA/ | MIDDLE | | Biser |
| on and c | | VAS DECEASED EVER IN U.S. ARA YES NO OR UNKNOWN) (IF YES, GIVE NO | MED FORCES? 16b SOCIAL SEC WAR OR DATES) 220–10– | | Mrs. Sandra | Brown ADDRES | 820 Old | ltown Rd 4d 21502 |
| throate ghylica so paper embed treest, th | | PART I. DEATH WAS CAUSED | y one cause per line for (a), (b), a D BY: E CAUSE (a) | RDIC | D-RESPIR | ATORY AR | PREST BETW | PROXIMATE INTERVAL YEEN ONSET AND DEATH |
| is that the death and the death and the other trains of the removing control, or other trauments. | | Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost | DUE TO, OR AS A CONSEQUENCE OF THE TOTAL OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR OTHER OR TO THE TOTAL OR T | SENCE OF | ATION | PNEUL | 10NA | |
| n. nos been sigr permit. Then ne prier to bu | CERTIFICATION | 19a. DATE OF OPERATION | 196 CONDITION FOR WHIC | | | | 206. IF YES, WERE FILL IN CERTIFYING CALL | INDINGS USED |
| physicio physicio rrificate I rol-tronsit trol Hygie im 18 sho | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA' (IF EITHER, NOTIFY MEDICAL EXAMINER) | 21b. TIME OF INJURY HOUR A.M. MONTH [| DAY YEAR | 21c. HOW INJURY OCCURE | | | |
| G PHYSII offending fer this ce s the buri | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY | | 21f LOCATION STREET | CITY OR TOW | N COUNT | Y STATE |
| L OR ATTENDIN the hospital or vi L DIRECTOR: Afi froched for use a e Dept. of Health if them 21 is mor | | 270.1 certify that (1) (this haspit saw the deceased alive an above, (1) (we) total radial nat 27b. SIGNATUR# | al) attended the deceased fram | . 01 | nd that in (my) (aur) apinian of | , ta | 22c. D | n that (I) (we) last in the causes stated |
| TO HOSPITA retained by TO FUNERA should be de with the Stal | | 22d. PHYSICIAN'S NAME (TYPE OF Dr. Zaman | A | | Too ADDRESS | al Building | perland. N | dd. 21502 |
| BP | 23a E | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | | | EMETERY OR CREMATORY EST Burial Par | 23d. LOCATION | COUNTY | ny Marylano |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | uneral director lcox-Merritt Fu | ADDRES | 04 Dec | eatur St_ 250 DAT | 7, 1985 | | NATURE |



| 1 | | CEASED NAME FIRST | | MIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26 HOUR |
|--|-----------------------|--|--|--------------------------------|---|--|--|
|) | (1100) | | ANK E | BOLIVAR | ALTICE | FEBRUARY 23, 19 | 985 3:00 |
| | 3. SE | | 4 RACE | | 5 DATE OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | MONTHS DATS HOURS A |
| , | 1 | male | whit | _ | 10-09-1902 YEAR | 82 YRS | |
| \$5 | | RTHPLACE (STATE OR FOREIGN COUNTRY) WV | USA | WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | 9 BALTIMORE CITY OR COUNTY ALLEGANY COUNTY | |
| 6 | 4 | Cumberland | (IF NOT IN SU | HOSPITAL, NURSING STREET HEART | NG HOME OR OTHER INSTITUTION ADDRESS) HOSPITAL | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI retired | 12b. KIND OF BUSINESS INDUSTRY Construct: |
| 200 | 13a S | MD A | ne or other institution OUNTY Allegany | 13c. CITY OR TOW Cumbe: | 'N 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD 1105 Michigan | |
| Commune // | | ATHER'S NAME Charles E | | LAST | 18 MOTHER'S MAIDEN NA FIRST Ella | Hood | £AST |
| dicol | | VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YE | S. GIVE WAR OR DATES) | 166 SOCIAL SECU | | ADDRESS | |
| a a | | no | | 221-12-6 | | Altice, Cumberl | |
| event, | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA | USED BY DIATE CAUSE (a) | | and the same of the | | APPROXIMATE INTERVAL BETWEEN ONSET AND DE |
| | 1 | | Diritiz Crito 02 (0) | | Charles Well | | |
| motic | | | DUE TO, O | R AS A CONSEQUE | ENCE OF | | |
| other froumotic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O | DR AS A CONSEQUE | | | |
| injury, or other troumatic | NOI | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O | DR AS A CONSEOUI | | AINAL PIŠEASE ORGONDITION GI | |
| nows ony injury, or other froumatic | RTIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last PART 2 OTHER SIGNIFICATION | DUE TO, O (b) DUE TO, O (c) NT CONDITIONS C | OR AS A CONSEQUE | DEATH BUT NOT RELATED TO THE TERM | 200 AUTOPSY? 20b. IF YE IN CERTI | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO |
| them 18 shows ony injury, or other froumotic | CAL CERTIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last | DUE TO, O DUE TO, O (c) NT CONDITIONS C 19b OND 19b OND TO THE CHAPTER OF PEATH | ONTRIBUTING TO I | DEATH BUT NOT RELATED TO THE TERM OPERATION WAS PERFORMED 211. HOW INJURY OCCUR | 200 AUTOPSY? 20b. IF YE IN CERTI | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO |
| n ond wemain hygiene prior to oution, cremonion, or sirked or Item 18 shows ony injury, or other troumotic | MEDICAL CERTIFICATION | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE | DUE TO, O (b) DUE TO, O (c) NT CONDITIONS C 19b OND 21b. TIME C HOUR A MINER) 21e. PLACE | ONTRIBUTING TO I | OPERATION WAS PERFORMED 216. HOW INJURY OCCUR 19 211. LOCATION | 200 AUTOPSY? 20b. IF YE IN CERTI | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO |
| or recuts and mental hygiene prior to buttot, cremonan, or 121 is marked at Item 18 shows any injury, or other troumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING CAUSE OF THE EITHER NOTIFY MEDICAL EXAMINATION OF COURTED | DUE TO, O ib) DUE TO, O (c) NT CONDITIONS C 19b OND 21b. TIME C HOUR A HOUR A P. 21e. PLACE (AT HOME ST | ONTRIBUTING TO I | OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR SIREET 19 21f. LOCATION SIREET | 200 AUTOPSY? 20b. IF YE IN CERTI YES NO YE | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART LOR PART 2) COUNTY STAT |
| ose Dept or receits and mental hygiene prior to buriou, cremonion, or II; if them 21 is marked or Item 18 shows any injury, or other troumatic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE | DUE TO, O (b) DUE TO, O (c) NT CONDITIONS C 19b) OND 21b. TIME C HOUR A MINER) 21e. PLACE (AT HOME ST 10spital) oftended the | ONTRIBUTING TO I | OPERATION WAS PERFORMED AY YEAR 19 21f LOCATION SIREE1 And that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN | 200 AUTOPSY? 20b. IF YE IN CERTI YES NO YES NO YES NO THE NATURE OF INJURY IN ITEM 18 | ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO PART LOR PART 2) COUNTY STAT |
| Interstate Dept or rectification and membral hygiene prior to outlot, cremontary, or other troumotic lift tem 21 is marked at them 18 shows any injury, or other troumotic | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last part 2 OTHER SIGNIFICA. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE RITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT W | DUE TO, O (c) NT CONDITIONS C 19b) OND 21b. TIME C HOUR A MINER) P. 21e. PLACE (AT HOME ST 100Spital) oftended the ond d not) view the bady | ONTRIBUTING TO I | OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR SIREET ARM. ETC.) DEGREE ATTENDING PHYSICIAN [22e ADDRESS | 200 AUTOPSY? 200. IF YE IN CERTIN CE | PART LOR PART 2) COUNTY STATE 19 |
| with the state Uept of Health and Mental Hygiene prior to buriot, cremonant, or I MPORTANT; If them 21 is marked or them 18 shows ony injury, or other troumatic | MEDICAL | Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last part 2 OTHER SIGNIFICA. 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF THE RITHER NOTIFY MEDICAL EXAMINATION OF CONTRIBUTING AT WORK AT W | DUE TO, O DUE TO, O CO TO DUE TO, O CO TO DUE TO, O TO DUE TO, O | ONTRIBUTING TO I | OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR SIREET ARM. ETC.) DEGREE ATTENDING PHYSICIAN [22e ADDRESS | 20a AUTOPSY? 20b. IF YE IN CERTI YES NO YIN TEM 18 RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN death accurred an the date and had | PART LOR PART 2) COUNTY STATE 19 |

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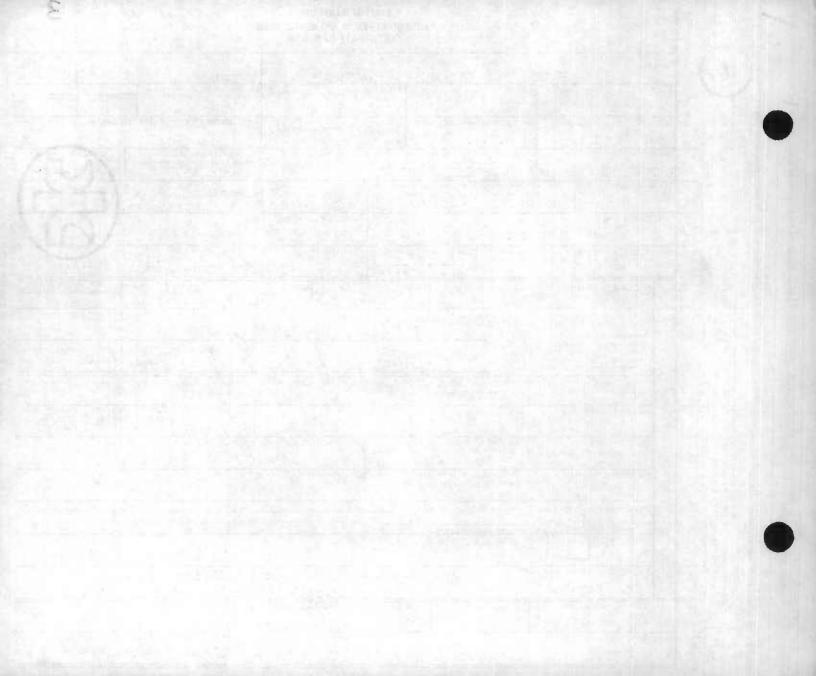
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| 1 - | FOR STATE REGISTRAR | | DEPART | | EALTH AND MENTAL HYG | | , NO. | | |
|----------|--|-------------------------------|---------------------------------------|------------|----------------------------------|----------------------|-----------------------------|-----------------------|------------------|
| | CEASED NAME FIRST OF PRINTI | | SHERMAN | | AKER | 20. DATE OF DEATH | MONTH | DAY YEAR | 26 HOUR A |
| 3 SEX | | 4 RACE | DILLIGHT | 5. DATE C | | 6. AGE (IN YEARS LAS | | IF UNDER TYEAR | IF UNDER 24 HRS |
| | Male | White | | Apri | | 82 | VDC | MONTHS DAYS | HOURS MIN |
| o. BIF | RTHPLACE (STATE OR FOREIGN | | WHAT COUNTRY? | 8. | | 9 BALTIMORE CIT | YRS. | Y OF DEATH | |
| | st Virginia | U.S.A | 1 | MARRIE | D NEVER MARRIED DIVORCED | Alle | ranu | | |
| | TY OR TOWN OF DEATH | | | | OR OTHER INSTITUTION | 12a USUAL OCCUP | - M | 12b. KIND C | OF BUSINESS O |
| | BERLAND | MEMOI | RIAL HOSP | ITAL | | Enginee: | | | ler Cor |
| , | | or other institution inty | 134. CITY OR TOW Romney | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | | | 1999 |
| I FA | James Ro | bert | Baker | | 15. MOTHER'S MAIDEN NAM Sarah | ANn | | Bailey | ST . |
| | VAS DECEASED EVER IN U.S. A (ES, NO OR UNKNOWN) (IF YES, G | RMED FORCES? | 376-10- | | Beulah C. Ba | ker, Romne | DRESS Central ey, Wes | Ave. t Virgi | nia 26 |
| INCATION | Conditions, if ony, which gove rise to immediate couse io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a. DATE OF OPERATION | CONDITIONS CO | | h'Ch | NOT RELATED TO THE TERM | INAL DISEASE OR C | 20b. IF YE | S, WERE FINDI | NGS USED |
| RTIFIC | | | | | | YES NO | Y | FYING CAUSES ES [] | NO _ |
| CAL CERT | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN | CAIN | M. MONTH D | AY YEAR | 21c HOW INJURY OCCUR | ED (ENTER NATURE OF | NJURY IN ITEM 18 | PART I OR PART 2) | |
| MEDICAL | 21d. INJURY OCCURRED WHITE NOT WHITE AT WORK | 21e. PLACE ((AT HOME, STR | OF INJURY REET, FACTORY, OFFICE, F | FARM ETC) | 211 LOCATION STREET | CITY O | RTOWN | COUNTY | STATE |
| | 22a.1 certify that (I) (this has | | e deceosed from_ | | . 19 | , to | | | that (I) (we) la |
| | sow the deceased alive a above, (1) (we) did (did) | nnti view the body | ofter deoth. | . 01 | nd that in (my) (our) opinion (| death occurred on th | e dote and hou | ond from the | couses stoted |
| | 22b. SIGNA UNE | ones | | ~ | DEGREE ATTENDING PHYSICIAN | MEDICAL S | TAFF YSICIAN [] | 212. DATE 2/3 | SIGNED (|
| | 22d. PHYSICIAN'S NAME (TYPE | R. MINT) | | | + | al Buildin | | | / |
| | Dr. Zaman | | | | Memorial Ho | | _ | nd, Md. | 21502 |
| 3a B | URIAL, CREMATION, REMOVA | L 23b. DATE | 23(_1 | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | | |
| {: | Burial | 3/6/85 | In | dian | Mound Cemeter | | Hamps | hire | WV |
| 4 FU | INERAL DIRECTOR Keith | S. Shaf | fer | | | REC'D. BY REGISTA | | | |
| S | Shaffer Funeral | Home,] | nc. Romn | ev. W | v FEB 1 | 11 1100 94 | his Davids | an-Handa | |

DHMH - 16 60M 7/8 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending physici should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

ATTENDING PHYSICIAN: The low ospitol or offending physician.



FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

| Į | REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | |
|----|--|-----------------------------|------------------------|--|---|-----------------------|--------------------|
| 1 | 1 DECEASED NAME FIRST | WIDDLE | | LAS1 | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR P |
| | (TYPE OR PRINT) | rs Alt | HEA | BAKER | February 27, | 1985 | 2:52 M |
| | 3. SEX | 4. RACE | 5 DATE O | | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS | IF UNDER 24 HRS |
| | Female | Caucasiar | n 09 | 9/28/1907 TEAR | 77 YRS | | HOURS MIN. |
| 3 | TO BIRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT O | COUNTRY? 8 | D NEVER MARRIED 😾 | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |
| - | Maryland | USA | WIDOWI | ED DIVORCED | Allegany | | MD. |
|) | 10 CITY OR TOWN OF DEATH | LIE NOT IN SUCH EACHTS | CIVE STREET ADDRESS | OR OTHER INSTITUTION | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING | | F BUSINESS OR |
| 4 | Cumberland | | I Hospital | | Waitress | Rest | urant |
|) | | INTY 13c. CIT | ry or town Savage | 13d. INSIDE CITY LIMITS? YES X NO | 130 STREET ADDRESS / ZIP CO | | 545 |
| | 14 FATHER'S NAME FIRST | MIDDLE | LAST | 15. MOTHER'S MAIDEN NA | ME MIDDLE | LAST | |
| 1 | Charles | Louis | Baker | Hanna | C | orfield | |
| 3 | 160 WAS DECEASED EVER IN U.S. A | INE MAR OR DATES | CIAL SECURITY NO. | 17 INFORMANT | ADDRESS | 215 | 45 |
| | no | 21 | .4-32-3567 | Ruth N. Gear | y, Rt. 1, Box 9 | 9, Mt Sa | vage, Md |
| | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS | only one couse per line for | (o), (b), and (c) | 1 1 | 1 0 | BETWEEN C | MATE INTERVAL |
| | | ATE CAUSE (0) | eele left | andricelo | in white | Kerk | uxes |
| | | DUE TO, OR AS A | CONSCOUENCE OF | 0.0 | 1 | 0 | |
| | Conditions, if any, which gave rise to immediate | (b) (c) | ult lee | readel a | ranches. | 700 | a |
| | couse (o), stating the underlying couse lost | DUE TO, OR AS A | CONSEQUENCE OF | lamoseler | eres | | |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CONTRIB | UTING TO DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION | GIVEN IN PART 110 | |
| _ | of Lea | here un | eller | Vengliera | o come la | Que | ele |
| 5 | 198 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING | 196, CONDITION F | OR WHICH OPERATIC | ON WAS PERFOURMED | IN CER | TIFYING CAUSES | OF DEATH? |
| _ | 21g. ACCIDENT WAS UNDERLYING | 21b. TIME OF INJUR | 24 | 121r HOW IN IURY OCCUP | YES NO RED (ENTER NATURE OF INJURY IN ITEM) | YES DEPART 2) | NO [|
| ŀ. | OR CONTRIBUTING CAUSE OF DE | EATH HOUR A.M. MI | ONTH DAY YEAR | The state of the s | TEMPERATURE OF THOSE IN THEM | 0 1 1 1 0 1 1 1 1 1 1 | |
| | OR CONTRIBUTING CAUSE OF DI | P.M. 21e PLACE OF INJU | JRY 19 | 21f LOCATION | | | |
| | WHILE NOT WHILE AT WORK | (AT HOME STREET FACT | ORY, OFFICE FARM ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| | 22a I certify that (I) (this has | pital) attended the decea | sed from | 1958 | 1, to 9 - 6 | . 19 8 1 | that (I) (we) last |
| | sow the deceased alive a above, (1) (we) (did) (did n | n 2 el 27 | 19 9 0 | nd that in (my) (our) opinion | death occurred on the date and h | our and from the | couses stated |
| | 22b. SIGNATURE | A | | DEGREE | | 22c. DATE | SIGNED |
| | Culla | ·6 .) coe | ea v | ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2 | 28 21- |
| | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | | 226 ADDRESS | | | |
| | Dr. William P | | | | e St. Cumberlan | d, Md. 2 | 1502 |
| | 23a. BURIAL, CREMATION, REMOVA | L 23b. DATE | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| | Burial . | 1/3/2/05 | St. Geo | rges Episcopa | 1 Mt. Savage | , Allegar | ny, Md |

DHMH - 16 60M 7/84 (VRA 15, 4)

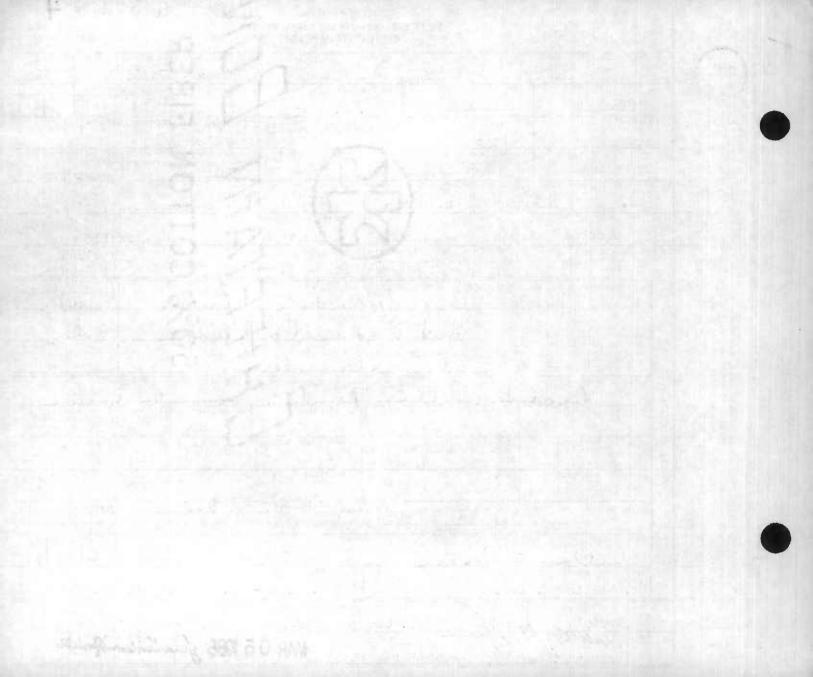
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Harvey H. Zeigler, Hyndman, Pa 15545

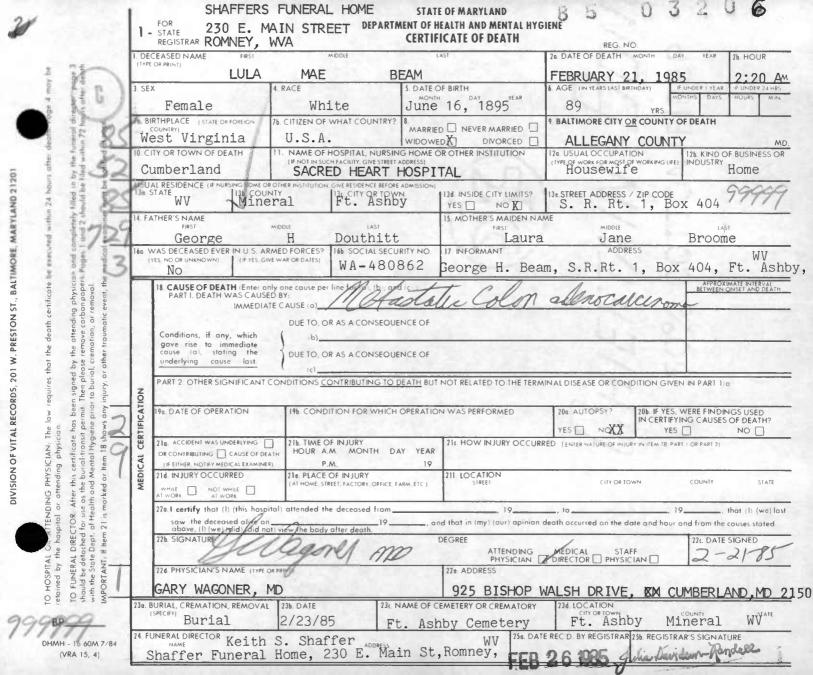
MAR 05 1985 July Davidson Rondelle



GEORGE & UPCHURCH

202 GREEN STREET

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 20 DATE OF DEATH MONTH 1. DECEASED NAME FIRS1 26 HOUR (TYPE OR PRINT) JOYCE CAMILLA BIRD February 17,1985 1:30 A 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Female White 30 23 To BIRTHPLACE ISTATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Allegany U.S. WIDOWEDXT 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Memorial Hospital TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Cumber land Homemaker USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE
136 COUNTY
Allegany
Cumberland 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 319 Bedford St. 21502 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE MIDDLE Snyder Camil Licott Ethel ADDRESS 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT IYES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 218-16-3680 Ms. Opel King - Same as #13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c) PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause 101, stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause fast OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO FRELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF 210 ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 216 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE FARM ETC.) NOT WHEEL 22a I certify that (Ir (this hospital) attended the deceased from

DHMH - 16 60M 7/84

d b

24 FUNERAL DIRECTOR (VRA 15, 4)

22b. SIGNATURE

Anatomy Board

23b. DATE

2/17/85

sow the deceased plive on. abave, (1) (we) (did not) view the b

Dr. Sahn Nathan

23a BURIAL, CREMATION, REMOVAL

Removal

Balto., Md.

DEGREE

23c NAME OF CEMETERY OR CREMATORY

ATTENDING

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE ia Davidson-Handall

that in (ing) (our) apinion death accurred on the date and hour and from the causes stated

20e ADDRESS Memorial Hospital Medical Building

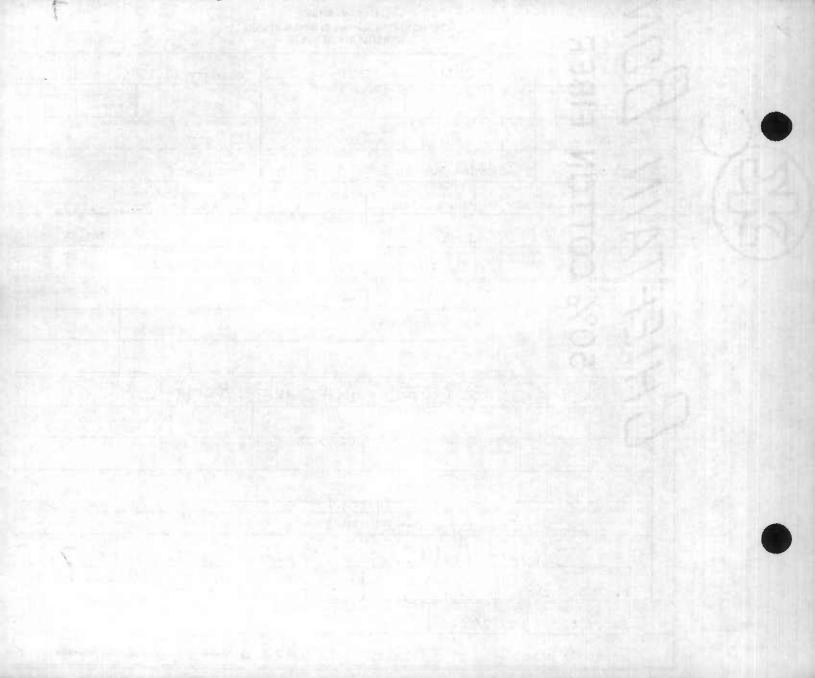
Cumberland, MD 21502 23d LOCATION

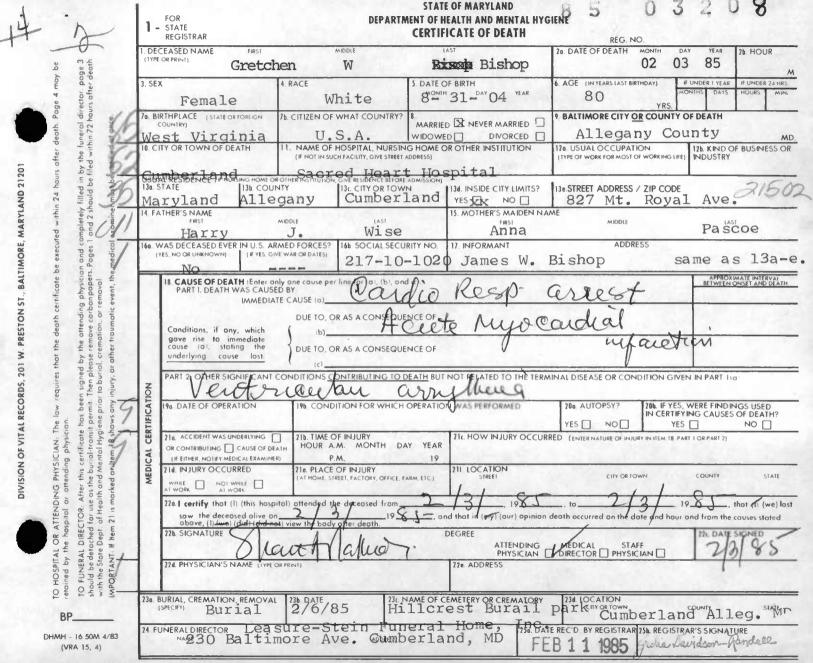
STAFF

22c. DATE SIGNED

STATE

COUNTY





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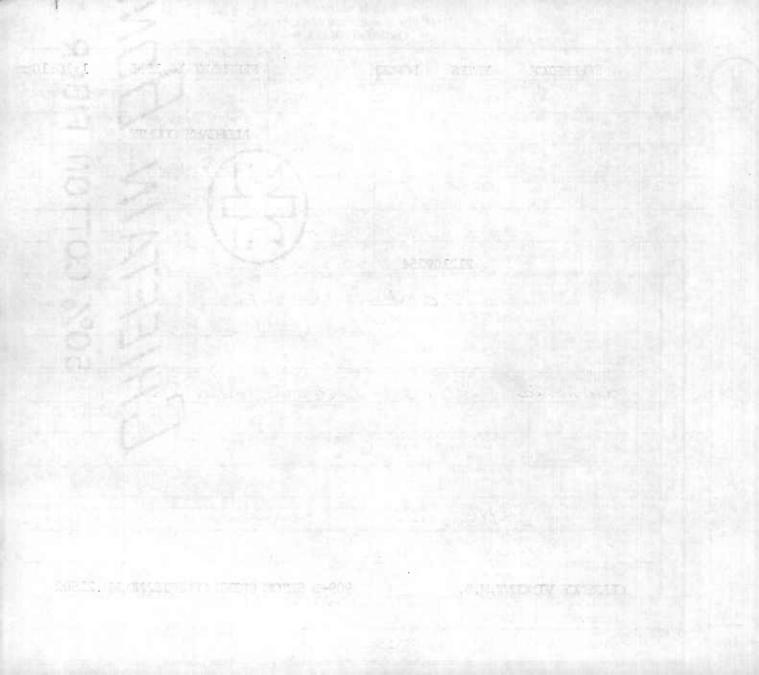
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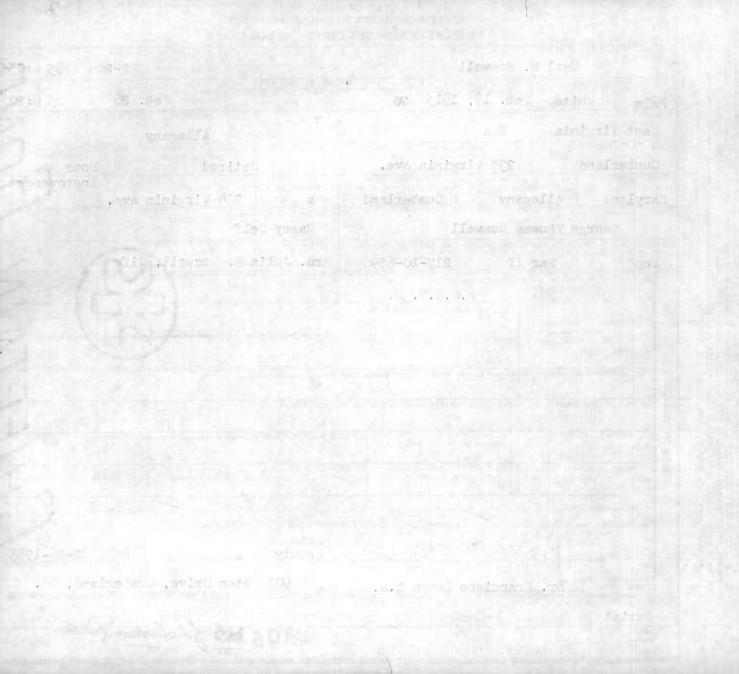
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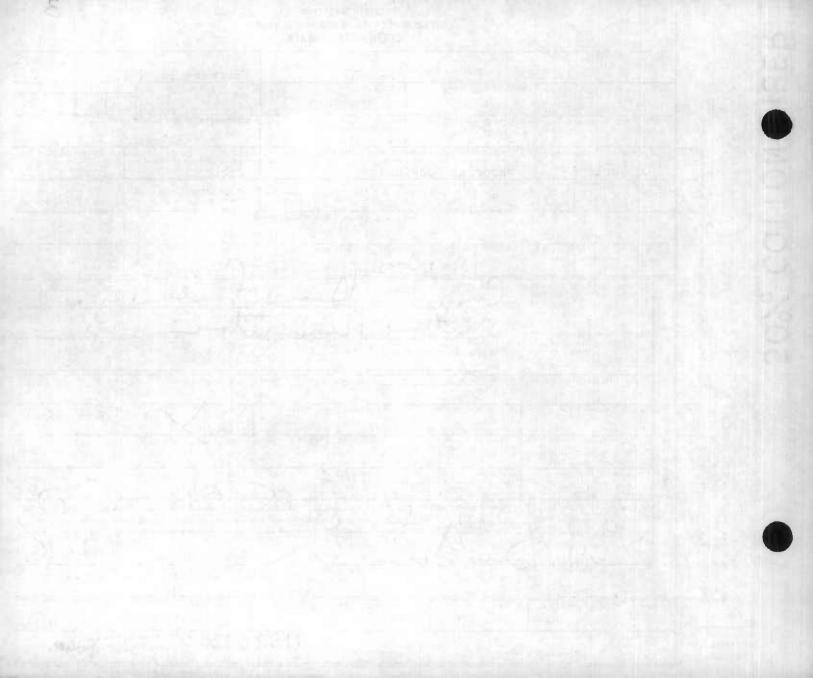
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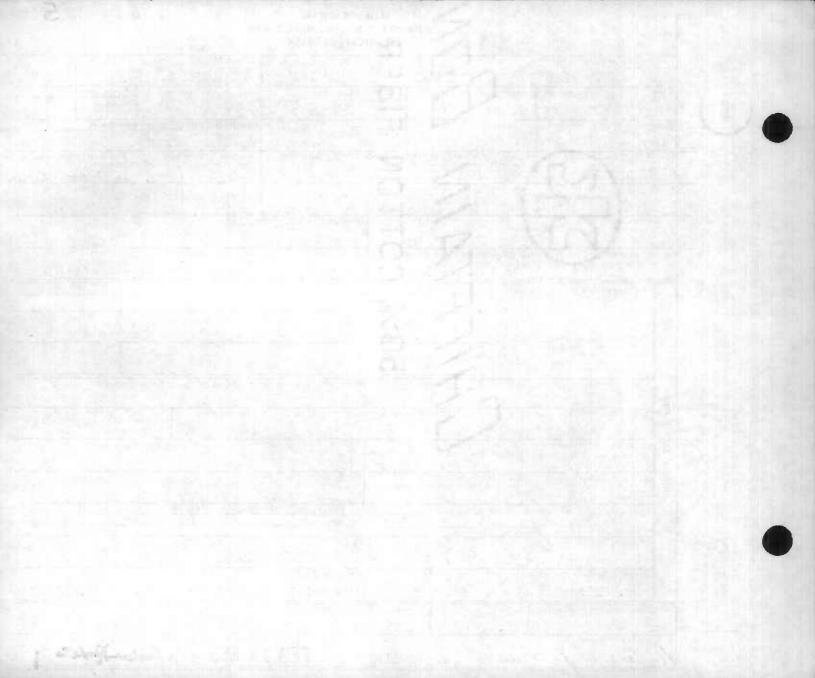
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TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the buriol-transit permit. with the State Dept. of Health and Mental Hygiene prior. MPORTANT: If hem 21 is morked or Item 18 shows ony

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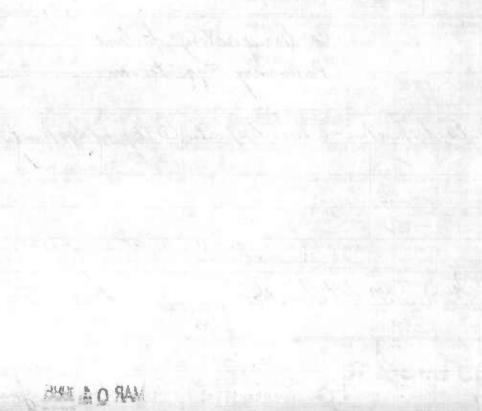
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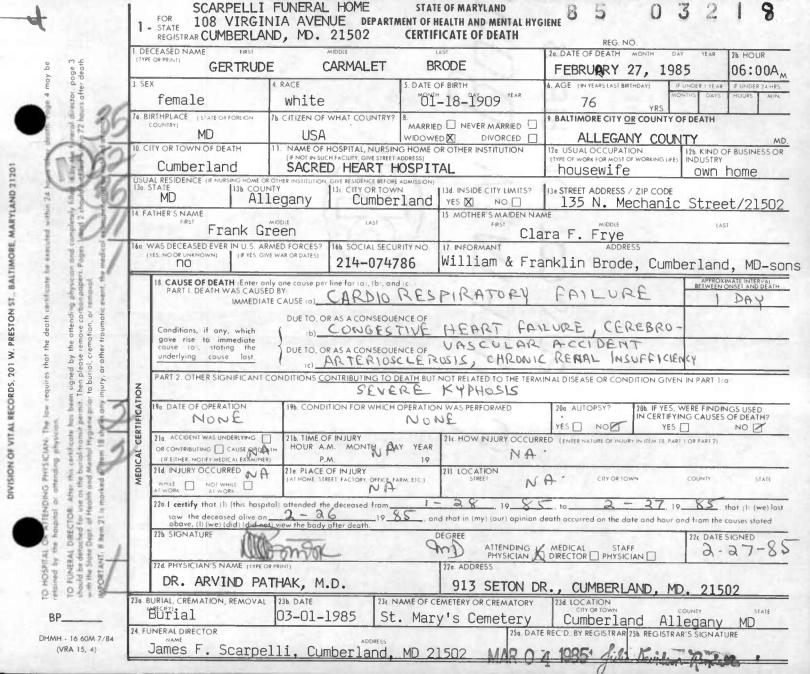
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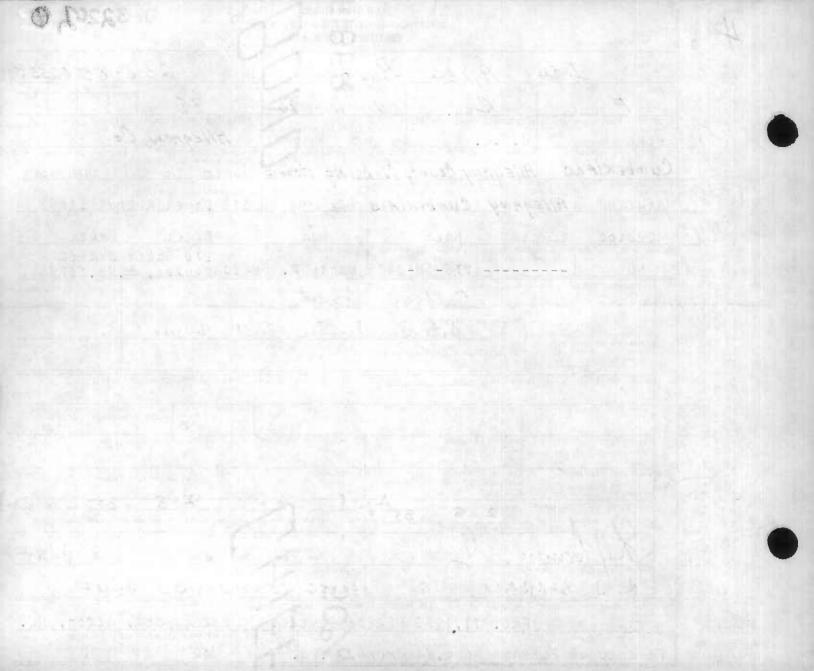
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| 1 | Female | -70 | Whi | ite | Feb. | 18, 1892 | 93 | YRS. | MONTHS DATS | HOURS MIN. |
| 7a. B | Maryland | DREIGN 76 | CITIZEN OF USA | WHAT COUNTRY? | 8 MARRIE WIDOWE | D NEVER MARRIED DIVORCED | 9. BALTIMORE CITY O | _ | OF DEATH | MD |
| CUI | MBERLAND | M | (IF NOT IN SU | CHEACILITY, GIVE STREET AT. HOSPIT. | ADDRESS) | OR OTHER INSTITUTION MEDICAL CENTER | (TYPE OF WORK FOR MOST OF Housewi | F WORKING LIFE | E) INDUSTRY | Home |
| 130 | | Alleg | ER INSTITUTION | GIVE RESIDENCE BEFORE 13t. CITY OR TOW Cresapt | E ADMISSION) | 13d INSIDE CITY LIMITS? | 13503 Cr | ZIR CODE | ck Ave | /21502 |
| | Parker | MIDE | Wi | lkinson | | Betsy | WIDDLE | | Eilbec | k |
| | WAS DECEASED EVER IT (YES NO OR UNKNOWN) | V U.S. ARME[(IF YES, GIVE W/ | | 213-74-2 | | Carl Brown | - same a | | | |
| | 18 CAUSE OF DEATH PART I. DEATH WA | l (Enter only o AS CAUSED B MMEDIATE C | Y: | acola | fer | qualey? | Parlon | | SETWEEN | KIMATE INTERVAL I ONSET AND DEATH |
| | Conditions, if ony, gove rise to imme couse (a), stating underlying couse | ediate the lost. | (c) | DR AS ACONSEOU | . G | fleares la | raile | <u> </u> | | |
| N N | PART 2 OTHER SIGNI | IFICANT CON | O L | | DEATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CON | JITION GIV | EN IN PART T | 10 |
| CERTIFICATION | 190 DATE OF OPERATION | ON | 196 COND | | | N WAS PERFORMED | 200 AUTOPSY? | | , WERE FINDI YING CAUSES | |
| 8 | 210 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | AUSE OF DEATH | | OF INJURY M. MONTH D. ² .M. | AY YEAR | 21c HOW INJURY OCCURR | ED (ENTER NATURE OF INJUI | TY IN ITEM 18 PA | ART I OR PART 2) | |
| MEDICAL | 21d. INJURY OCCURRE | | 21e. PLACE (AT HOME, ST | OF INJURY FREET, FACTORY, OFFICE F | ARM, ETC) | 211 LOCATION STREET | CITY OR TO | WN | COUNTY | STATE |
| | 220 I certify that (I) (sow the deceased above, (I) (we) (di | d alive an | 2, 2 | 10 | 0) | nd that in (my) (our) apinion c | to 2 2 c death occurred on the de | | -, | that (1) (we) last couses stated |
| | 27b. SIGNATURE | ele | 1 | Saem | (c | DEGREE ATTENDING PHYSICIAN | MEDICAL STAI | | 22c. DATE | 21/8/ |
| | DR. WILLIA | AM P. | IAMES | | | Cumberland | orth Centre | St. 215 | 02 | |
| | BURIAL, CREMATION, R (SPECIFY) Burial | | b DATE | | | Lawn Mem. | 23d LOCATION CITY OF TOWN LaVale, | | county | MD STATE |
| 24 F | UNERAL DIRECTOR NAME John | J. Ha | afer, | Jr. ADDRES L | aVale | | B 2 5 1985 | () | Davidson- | Pandelle. |

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the offending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonopaers. Pages 1 and 2 showith the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

[MPORTANT: If them 21 is marked or Item 18 shows any injury, ar other traumatic event, the medical programment

avoide que sera - moral france se above Makey a service of the State of John J. Heier, Ur. Lakelin, IL



| | 1- | FOR STATE REGISTRAR | D | EPARTMENT OF H | E OF MARYLAND LEALTH AND MENT LICATE OF DEAT | | B 5 | 0 3 | 2 : | 210 |
|-----|----------------------|--|--|---|--|---------------|--|--|------------------------|--------------------------------|
| | | CEASED NAME FIRST OR PRINT) | WIDDIE | | AST | 2a C | ATE OF DEATH MO | NTH DAY | YEAR | 2b. HOUR |
| | | LEO | S. |] | BYRNES | F | ebruary 16 | | | 10 AM |
| | 3 SE) | | 4 RACE | 5. DATE C | | | GE (IN YEARS LAST BIRTHD) | MONTHS | DAYS | HOURS MIN. |
| | | Male | White | Sept. | . 12,190 | | 81 | YRS | | |
| 6 | | RTHPLACE (STATE OR FOREIGN) | 76 CITIZEN OF WHAT COL | UNTRY? 8 | D NEVER MARRI | ED | LTIMORE CITY OR | OUNTY OF D | EATH | |
| V | | aryland | | WIDOWI | DIVORC | ED [| Allegany | | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, | | OR OTHER INSTITUTE | | USUAL OCCUPATION OF WORK FOR MOST OF WI | | KIND OF | BUSINESS OR |
| X | Cu | mberland | Memorial Ho | | | | Self Emp. | | roce | ry |
| E | 130. S M & | RESIDENCE (IF NURSING HOME OR C.TATE 13b. COUN' | TY 13c. CITY (| ice before admission) OR TOWN Chart | 13d. INSIDE CITY LIA | | TREET ADDRESS / Z. | 1528 | | |
| 1/2 | 14 FA | THER'S NAME FIRST N | AIDDLE | LAST | 15 MOTHER'S MAIL | | MIDDLE | | LAST | |
| U | | John J | | | Eliz | abeth | E. | Sull | ivar | 1 |
| 1 | | VAS DECEASED EVER IN U.S. ARA (ES NO OR UNKNOWN) (IF YES, GIVE | WAR OR DATES | al security NO. 09-8968 | 17 INFORMANT Willi | am B. | Byrnes, | Eckha | rt, | Md. |
| | | 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE | E CAUSE (o) | ESPIR | TORY | FA | HLURE | 5 | APPROXIM BETWEEN OF | ATE INTERVAL NSET AND DEATH |
| | | Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost. | DUE TO, OR AS A CO (b) DUE TO, OR AS A CO | | | | | | | |
| | NOI | PARIZ OTHER SIGNIFICANT CO | My COM | A PIN | EU MON | HE TERMINAL | | | | |
| 2 | CERTIFICATION | 19a DATE OF SPERATION | 195 CONDITION FOR | WHICH OPERATIO | N WAS PERFORMED | 11 | | DB. IF YES, WER CERTIFYING YES [| | |
| 0 | CER | 210. ACCIDENT WAS UNDERLYING | 216. TIME OF INJURY HOUR A.M. MON | ITH DAY YEAR | 21c HOW INJURY | OCCURRED (| ENTER NATURE OF INJURY IN | ITEM 18 PART I O | R PART 2) | |
| 1 | CAL | OR CONTRIBUTING CAUSE OF DEAT | | 19 | | | | | - | |
| | MEDIC | 21d INJURY OCCURRED WHILE NOT WHILE ALWORK | 21e. PŁACE OF INJURY (AT HOME STREET, FACTORY | | 211 LOCATION STREET | | CITY OR TOWN | c | OUNIY | STATE |
| | 100 | 22a 1 certify that (this hospite | | | - 3 6 | 4 | . 2 | 198 | 11 | not / (we) lost |
| W | | sow the deceased alive on a obove, (1) (we) (did) (did not | view the body ofter deat | 19.85.0 | nd that in (my) (our) | opinion death | occurred on the date | and hour and | from the co | ouses stated |
| | | 22b. SIGNATURE | ees Are | Mes | DEGREE ATTEN PHYSI | DING ME | DICAL STAFF ECTOR PHYSICIAN | 2 | 2. DATES | |
| 1 | 6 | 226 PHYSICIAN'S NAME (TYPE OR | PRINT) | | 22e ADDRESS M | emoria | l Hospital | Medica | 1 Ru | ilding |
| | 1 | Dr. James Rave | r | | | | and. MD 21 | | DU. | rrariig |
| | | URIAL, CREMATION, REMOVAL | 23b. DATE | 23t NAME OF C | EMETERY OR CREMA | ATODY I22 | A LOCATION | | | 363 |
| | (| Burial | Feb. 18 185 | St. Mi | chael Ce | m. | Frostbur | 3, A14 | regar | ly, Md. |

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR After should be deteched for use as with the State Dept of Health.

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md.

25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

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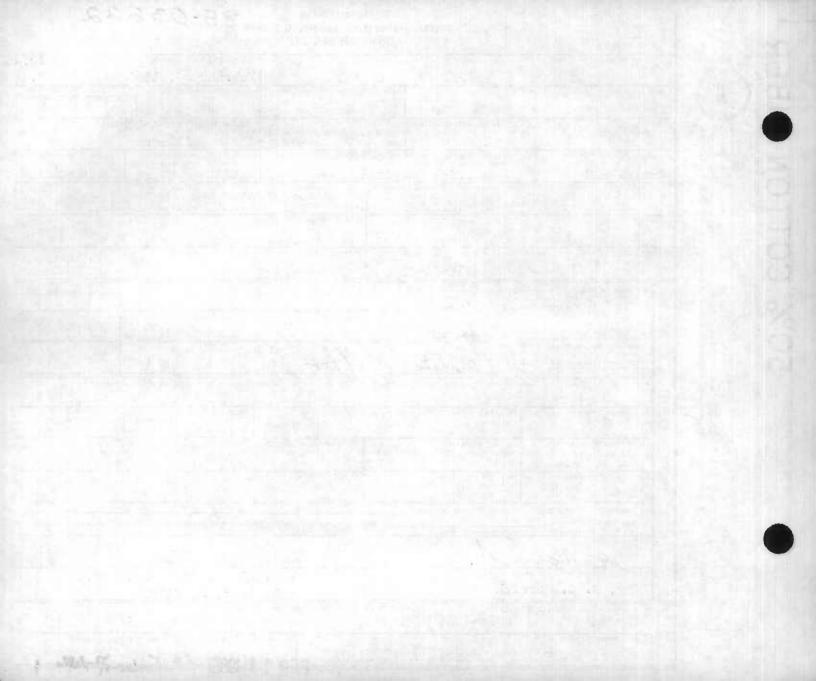
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| | SPITALOR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours ofter deoth. Page I by the hospital or ottending physicion. | VERAL DIRECTOR: After this certificate has been signed by the attending physicial and compiletely filled in by the funeral direct be detached for use as the buriol-transit permit. Then please remove corban papers, Fagur 1 and 2 though both when by the puriol, cremation arreadowal. Signed Dept. of Health and Manual Physician prior to buriol, cremation arreadowal. |
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| FOR STATE | STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE | 85-036 | 22 |
|--------------|--|----------|----|
| REGISTRAR | CERTIFICATE OF DEATH | REG. NO. | ы |

| REGISTRAR | | | | CERTIF | ICATE OF DEATH | RE | G. NO. | | | |
|------------------------------|---|---------------|-------------------------|----------|-------------------------------|--------------------|---------------------|--------------|------------|---------------------|
| DECEASED NAME | FIRST | | MIDDLE | | LAST | 20 DATE OF DEA | н момтн | H DAY | YEAR | 26 HOUE 0:4 |
| THE OR PRINT! | THOMAS | EI | DWARD | CA | RNEY | February | | | | P. M |
| SEX | 4. | RACE | | | OF BIRTH | 6 AGE (IN YEARS LA | ST BIRTHDAY) | IF UNDE | DAYS | IF UNDER 24 HRS |
| male | | white | е | C | 1-16-1950 EAR | 35 | | rRS. | | MOOKS MIN. |
| BIRTHPLACE (STAT | OR FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | MARRIE | D NEVER MARRIED | 9 BALTIMORE CI | TY OR COL | JNTY OF DE | HTA | |
| MD | | USA | A 100 Table 100 | WIDOWI | | | Alleg | any | | MD. |
| CITY OR TOWN OF | DEATH 11 | | HOSPITAL, NURSING | HOME (| OR OTHER INSTITUTION | 120 USUAL OCCL | | | KIND OI | F BUSINESS OR |
| Cumberland | | | norial Hos | | 1 | former emp | | p: | rivat | e club |
| OUAL RESIDENCE (IF | 136 COUNTY | | GIVE RESIDENCE BEFORE A | | \$13d INSIDE CITY LIMITS? | 13e.STREET ADDR | ESS / ZIP (| CODE | 6/ | 9999 |
| WV | Mine | ral | Ridgele | y | YES NO 🛛 | Rt. 2 | 30x 43 | 31L/26 | 7.53 | |
| FATHER'S NAME | MID | DLE | LAST | | 15 MOTHER'S MAIDEN NA | ME | DLE | | LAST | 1 |
| T | homas Eu | _ | arney | | | da Humber | | 31 10 | | |
| WAS DECEASED E | | | 166 SOCIAL SECUR | ITY NO. | 17. INFORMANT | | DDRESS | 734 | | 1100 |
| no | (1 763, 0176 1 | An Ok Dales) | 212-54-83 | 808 | Thomas Carne | ey, LeVad | a Carı | ney - | pare | ents |
| 18 CAUSE OF D | EATH (Enter only only only only only only only only | ane couse per | line for 101, (b), and | IC II | | | | | APPROXI | MATE INTERVAL |
| PART 2 OTHER 190 DATE OF OP | | | | | I NOT RELATED TO THE TERM | 200 AUTOPSY? | 20b. IN C | N GIVEN IN I | E FINDIN | IGS USED |
| 21g. ACCIDENT WA | S UNDERLYING | 21b. TIME C | F IN JURY | _ | 21c HOW INJURY OCCUR | | | | PART 21 | 110 |
| OR CONTRIBUTING | CAUSE OF DEATH | HOUR A. | M. MONTH DAY | YEAR | | (English Milate | | | | |
| | | 21e. PLACE | | | 211 LOCATION STREET | CITY | ORTOWN | co | VINUC | STATE |
| 22a I certify the | t (I) (this haspital | attended th | e deceased fram | | . 19 | | | . 19 | , 1 | that (I) (we) last |
| saw the decabave, (1) (v | reased alive an | view the bady | after death | , a | nd that in (my) (aur) apinian | death accurred on | he dote on | d hour and f | om the | causes stated |
| 22h SIGNATURE | 1 | 1 | 1 | | DEGREE | | Hali | 22 | 2c. DATE S | SIGNED |
| 16 | Mer | 1 | | | ATTENDING PHYSICIAN [| MEDICAL DIRECTOR P | STAFF TYSICIAN [| | | |
| 22d PHYSICIAN | | RINT | | | 22e ADDRESS Memor | ial Hosp | tal M | led.Bl | dg., | |
| Dr. H | . C. Mer | rick | | | | rland, MI | | | | |
| BURIAL, CREMATI | ON, REMOVAL | 23b. DATE | 23c NA | AME OF (| EMETERY OR CREMATORY | 23d LOCATION | | | | |
| Burial | | 02-09 | -1985 Hill | lcres | st Burial Park | Cumbe: | rland | Alle | gany | MD ^{STATE} |
| ELINEDAL DIRECTO | D | | | | 75- DAT | E DECID BY DECIS | | | CICNIATI | LIDE |

James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84 (VRA 15, 4)



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| \ | L DEC | REGISTRAR V | WESTERNP | ORT, MD | 21562 MIDDLE | L | | REG. N | | AY YEAR | 2b HOUR |
|) | LTYPE | AF | RCHIE . | | WILBUR | | LARK | FEBRUARY 1 | 7. 198 | 5 | 11:30 |
| 1 | 1.5E) | | | RACE | HILDUK | Tr DATE C | OF BIRTH | 6. AGE IN YEARS LAST B | | FUNDER TYEAR | IF UNDER 24 HRS |
| 11 | 3.7 | ale | | White | SLOW | MONTH 2 | 19119061 | 78 | YRS | ORTHS! DATS | HOURS MIN |
| 9 | M | RTHPLACE STATE COUNTRY (aryland | | U.S.A | | WIDOWE | | 9 BALTIMORE CITY | COUNT | | N |
| 2 | | TY OR TOWN OF mberland | 100 | (IF NOT IN SUC | HOSPITAL, NURSI CH FACILITY, GIVE STREE DHEART H | ET ADDRESS) | AL | 12a USUAL OCCUPA (TYPE OF WORK FOR MOST Miner | | | F BUSINESS O |
| 96 | 30 S Mar | yland | 13b COUNT Allega | Υ | GIVE RESIDENCE BEFORE TO NEAR TON | ORE ADMISSION) WN | 13d. INSIDE CITY LIMITS? | 13. STREET ADDRESS | 76 Ba | rton, l | Md, 215 |
| 0 | | chie | М | D. | Clark | | Gertrude | WE | Hyde | ŁAS | 7 |
| 1 | | VAS DECEASED E | | ED FORCES? | 16b SOCIAL SEC | | 17 INFORMANT | ADDI | | 0450 | |
| | n | 10 | | | 217-30- | | Mr. James C | lark bart | on, Md | | MATE INTERVAL |
| Part Trade | | Canditions, if gave rise to couse (a), so underlying co | immediate tating the | (b)_ | R AS A CONSEOU | e t | tsvo | | | | |
| 7 | HCATION | gave rise to couse (a), so underlying co | immediate stating the ouse last. SIGNIFICANT CO | DUE TO, O (c) ONDITIONS CO Me// | Several R AS A CONSEOU ONTRIBUTING TO | L F | NOT RELATED TO THE TERM | 20a AUTOPSY? | 20b. IF YES, IN CERTIFY | WERE FINDIN | NGS USED OF DEATH? |
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| 3.5 | SEX | 4. RACE | | 5. DATE O | F BIRTH | | 6. AGE (IN YE | ARS LAST BIR |
| | Female | Whi | ite | July | 7 15. | 1905 | 79 | |
| 70. | BIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MADDIET | ☐ NEVER | MARRIED - | 9 BALTIMOR | ECITY |
| | Maryland | U.S. | .A. | WIDOWE | XIX | ONORCED T | ALLE | GANY |
| 10. | CITY OR TOWN OF DEATH | 11. NAME OF | HOSPITAL NURSIN | G HOME O | ROTHER IN | | 12a. USUAL C | |
| | Cumberland | SAC | CHEACILITY GIVE STREET A | HOSPI | TAL | | Tea C | |
| Us | UAL RESIDENCE (IF NURSING HO | ME OR OTHER INSTITUTION | N. GIVE RESIDENCE BEFORE | | 124 INICIDS | CITY LIMATES | 13e.STREET A | |
| 1 | | llegany | Frostb | | YES | NO X | 97% 1 | 3. |
| 14 | FATHER'S NAME | | | ulg | - | S'S MAIDEN NA | | |
| | John | MIDDLE | Casey | | | Mary | | MIDDLE |
| 60 | WAS DECEASED EVER IN U.S | | 166 SOCIAL SECU | RITY NO. | 17. INFORM | | *** | ADDR |
| | (YES, NO OR UNKNOWN) (IF YE | S, GIVE WAR OR DATES) | 215-36- | -8880 | Mrs. | Rita | Lewis, | Sa |
| | 18 CAUSE OF DEATH (Ent. | | r line far (a), (b), and | dy | 1/2 | / | 1.1 | 10 |
| | | DIATE CAUSE (a) | Congen | we | hear | Sel 1 | aucu | re |
| | | DUE TO, C | OR AS A CONSEQUE | NCE OF | | 1 | | |
| 1 | Canditians, if any, which | | | | | U | | |
| | gave rise to immediat cause (a), stating th | e DUE TO, C | R AS A CONSEQUE | NCE OF | | | | |
| | underlying cause las | 1. (c) | | | | | | |
| - | PART 2. OTHER SIGNIFICA | NT CONDITIONS C | ONTRIBUTING TO D | EATH BUT | NOTRELATE | D TO THE TERM | AIN AL DISEASE | OR CON |
| NOL | | dessea | al mal | net | step | 61 | Ller | scory |
| CA | 190 DATE OF OPERATION | 196 COND | TION FOR WHICH | OPERATION | WAS PERF | ORMED | 78s AUTO | 18.50 |
| CERTIFIC | | | | | | | YES 🔲 | NOX |
| CE | 210. ACCIDENT WAS UNDERLYING | LI MONE A | OF INJURY M. MONTH DA | Y YEAR | 21c. HOW I | NJURY OCCUR | RED (ENTER NAT | URE OF INJU |
| CAL | OR CONTRIBUTING CAUSE C | T DEATH | .M. | 19 | | | | |
| MEDICAL | 21d INJURY OCCURRED | | OF INJURY | A DAA ETC 1 | 21f LOCAT | | | CITY OR TO |
| 12 | AT WORK |) (AI HOME SI | THE PACIFIC PACIFICE, PA | nnm, EIC) | JAKE | | | |
| | 220.1 certify that (I) (this h | naspital)-attended tl | he deceased fram_ | | | , 19 | ta | |
| | saw the deceased play above, (h) (we) (did6 (h) | on on the body | v after death | , an | d that in (m) | /) (aur) apinian | death accurred | an the d |
| 1 | 22b. SIGNATURE | MARIAN | Ollam | | EGREE | | / | |
| | 10 | Jug 00 | WYPO | | | PHYSICIAN [| DIRECTOR [| STA PHYSIC |
| | 22d. PHYSICIANS TAME II | THE OWNER ! | | | 22e ADDRE | The second second | 100 | |
| | DR. GARY | WAGONER, I | M.D. | | 925 | BISHOP 1 | WALSH R | D., |

DURST FUNERAL HOME

REGISTRAR FROSTBURG, MD. 21532

57 FROST AVENUE

1. DECEASED NAME (TYPE OR PRINT)

食 内垂

DEPARTMENT OF HEALTH AND MENTAL

| | OF MARYLAND | | 85 | 03% | 224 |
|---------------------|---------------------------------|---------------------------------|----------------|---------------------------|----------------|
| | EALTH AND MENTAL HYG | IENE | | | 0.1 |
| | ICATE OF DEATH | REG. NO | | | |
| | AST | 20 DATE OF DEATH | | | . HOUR |
| | LARK | FEBRUARY 2 | | | М |
| 5. DATE C | DAY YEAR | 6. AGE (IN YEARS LAST BIRT | MON1 | | OURS MIN. |
| Jul | y 15, 1905 | 79 | YRS. | | |
| | NEVER MARRIED | 9 BALTIMORE CITY O | | DEATH | |
| WIDOWE | DIVORCED DIVORCED | ALLEGANY 12g. USUAL OCCUPATION | | 11 KIND OF D | MD. |
| E STREET ADDRESS) | | (TYPE OF WORK FOR MOST OF | | 26. KIND OF BI | |
| ART HOSP | ETAL | Teacher | | School |)1 |
| RTOWN | 13d INSIDE CITY LIMITS? | 13e.STREET ADDRESS | ZIP CODE | 07.5 | 100 |
| stburg | YES NO X | Rt. 3, 1 | ROX T. | 4, 21; | 32 |
| ST | _ FIRST | WIDDIE | 0-11 | LAST | |
| L SECURITY NO. | Mary 17. INFORMANT | ADDRE | | agher | |
| -36 - 8880 | | | St | 120 | |
| | Mrs. Rita | newrs, par | ne as . | 13e | C INTERVAL |
| (b), and of. | Va 1. | alure | | APPROXIMAT BETWEEN ONS | ET AND DEATH |
| enw- | near of | cocosta | | | |
| SEQUENCE OF | // | | | | |
| | <u> </u> | | | - | |
| SEQUENCE OF | | | | | |
| G TO DEATH BUT | NOT RELATED TO THE TERM | INIAL DE EASE OR CONIE | OITIONI CIVENI | NI DADT 1 | |
| Marieta | tetra 61 |) of here | JITION GIVEN | N PART IId | |
| VHICH OPERATION | N WAS PERFORMED | 76s AUTOPSY29 | 20b. IF YES, W | ERE FINDINGS | USED |
| | | YES [] NOX | IN CERTIFYING | G CAUSES OF | DEATH? |
| 100 | 21c. HOW INJURY OCCUR | | | | |
| H DAY YEAR | 7 - 7 - 11 | | | | |
| 19 | 21f LOCATION | | | | |
| OFFICE, FARM, ETC.) | STREET | CITY OR TO | WN | COUNTY | STATE |
| fram | . 19 | ta | . 19_ | , that | (II) (we) lost |
| _19, an | nd that in (my) (aur) apinian a | death accurred an the da | | | |
| m | DEGREE | / | | 22c. DATE SIG | NED |
| | ATTENDING PHYSICIAN TO | MEDICAL STAF | | 2/23 | 3/85 |
| | 22e ADDRESS | g omeerok [] till sic | IA. 1. L. | - | 1 |
| | 925 BISHOP V | VALSH RD., C | CUMBERLA | AND, MD | . 21502 |
| 23c NAME OF C | EMETERY OR CREMATORY | 23d. LOCATION | | | |
| | chael Cemet | | irg, A | Megar | y STATE Md |

250 DATE REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR Durst Funeral Home, Frostburg, Md. 21532

Feb. 25'85

23b. DATE

DHMH - 16 60M 7/84

(VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

Burial

Tener Transport County Transport 1995 Foreign Sales July 15, 1905 7974 7 Margard H 5.50m. - XX - XX - bn areas of the Lucinos Control de La Carretta de Carretta de La Carretta de Carre Maryl and all-gine Prosenous [] x | Ht. 3, Box 178, 21532 red to Lind John Canon Janes

re. case sames, M.D. 1925 ermor sater Rt., our samen, to. 21502 Sameda (Nob.25165 at. M. cha.1 Come a. Procedury, Allegany, Ad.

The state of the s

Frostburg.

Md21532

STATE

REGISTRAR

Funeral Home

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

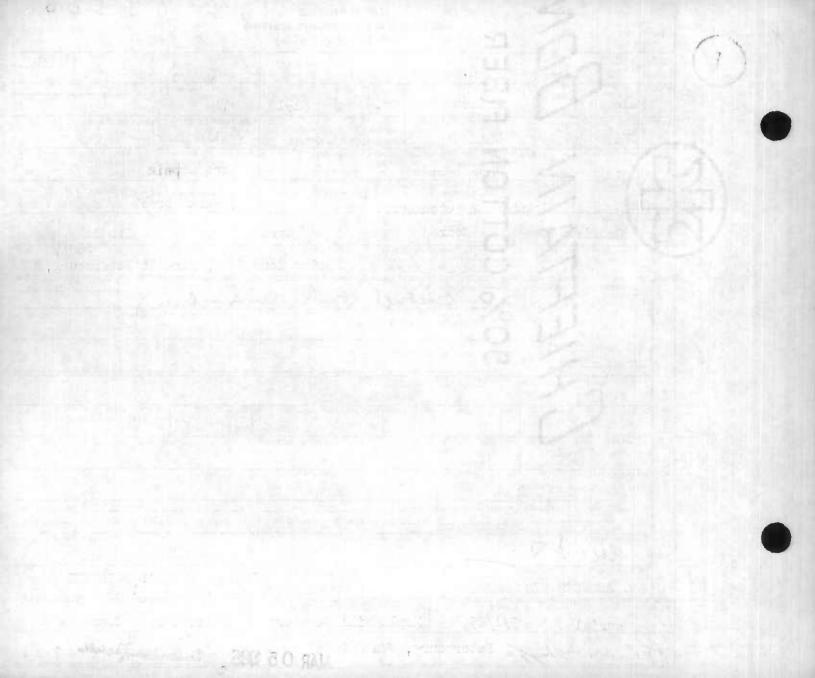
CERTIFICATE OF DEATH

REG. NO

his Davidson

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Initial (1/2) welcare Comercial Line allogate Id. 57 Prost Avo.
French March Love Frontbure, Post 32 MAR DE DES. Sudding Desert

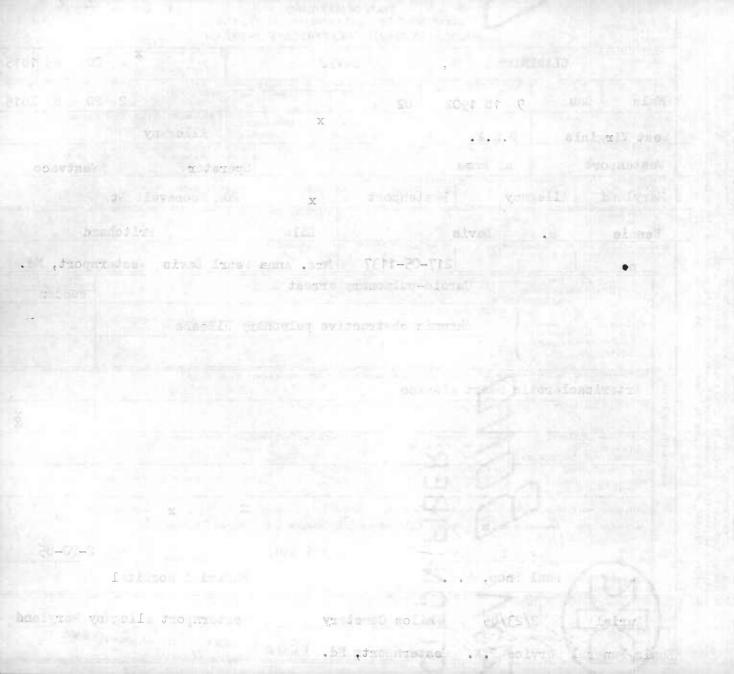


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THE RESERVE OF SERVE OF THE PERSON OF THE PE 1/ 1/ MATERIAL TENSOR SERVICE BUILDING CONTROL OF CO. The state of the 160061008 soats of assure han me a verse 1-900 SALLY ST HIGHER PLAN The state of the s

| 9 | Т | - STATE REGISTRAR DECEASED NA (TYPE OR PRINT) | ME FIRST | MERENDON | DICAL MIDDLE W, | EXAMIN | | LAST | CATEO | | DATE KI | ESTI- ' | X MONTH | 20 ^{DAY} | YEAR 85 | 26. HOUR 1815 |
|---|---|--|--|--|-----------------|--------------------------------------|-----------------|----------------------|-----------------------|--------------------|---------------|---------------|---------------|-------------------|-----------------------------|-----------------------|
| ARY, PLEASE L DIRECTOR YOUR PIES | E5// | Male Male | 4. RACE Cau | 5. DATE OF BIRTH MONTH DAY 9 18 19 | | 6. AGE (IN YE LAST BIRTHD 82 Y | | | IF UNDER 2 | | DEATH A | | | DAY 20 | 19 YEAR 19 8 5 | 2d. HOUR 1815 |
| FOR A | | BIRTHPLACE FOREIGN COUNTR West Vil | ginia | 76. CITIZEN OF W | | | WIDOW | ED 🗆 | VER MARRIE DIVORCE | | Alle | gany | 7 | | ND OF BU | MD. |
| DELAY 3 TO THE | SOS, SA | Westenp | ort | At hom | ACILITY, GIVE S | TREET ADDRESS) | | EK INSTITU | TION | Oper | OST OF WORKIN | NG LIFE) | THE OF WORK | 0 | RINDUSTR | YY |
| D. 21201 | A REGOLD | Marylan | d Alle | gany | Wes | tenpor | | 13d INSIDE (I YES | ER'S MAIDEN | | ROOS | | t St | 21 | 56 | 2 |
| T., BALTIMORE, MD. 21201 URS AFTER DEATH. IF ANY DELAY B.N. B. GIVE PAGES 1, 2, AND 3 TO THE R. WITH FORM PM. 3. RETAIN PAGE 5 | 2 × × × × × × × × × × × × × × × × × × × | Kennie | R. SED EVER IN U.S. AI | MIDDLE Davi RMED FORCES? E WAR OR DATES! | s | LAST | Y NO. | Lu: | la | | MIDI | | ri ch | ard | LAST | <u> </u> |
| UST., BALTI HOURS AFT M 18. GIVE NG WITH F | E, DIVISIO | n∙ I8. CAUSE | | nly one cause per lim | | -05-11 -9世里ho | | | Anna | Pear | l Dav | is | Weste | BETY | PPROXIMATE | INTERVAL AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., I TO AEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 17EM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W | L-TRANSIT PER MENTAL HYGIEN J, OR REMOVAL | gave | ians, if any, which rise to immediate (a) stating the <u>under</u> ause last. | (b) C | hroni | iseouence c obst | ructi | ve pu | lmona | ry di | .sease | | | 5 | udder | |
| RECORDS, 21 LD BE EXECUT PENDING" IN MEDICAL ES | CREMATION | | | CONTRIBUTING TO DEATH OTIC heart | dise | | | | | T I to | | | | 20 / | AUTOPSY? | |
| ON OF VITAL FICATE SHOU THE WORD." O THE CHIEF | RTMENT OF I | Ü | NAL CAUSE WAS | | A. MONTH | DAY YEAR | 21c HC | W INJURY | OCCURRED |) (ENTER NA | TURE OF INJUR | RY IN ITEM 11 | 8 PART 1 OR P | | YES 🗆 | NOX |
| DIVISIC HIS CERTIF WRITING | AGE 3 SHO ATE DEPA | 214 INHIP | OCCURRED NOT WHILE AT WORK | 21e PLACE | | (AT HOME. | 21f. LOC \$1 | TATION | | | CITY OR TOWN | ٧ | C | OUNTY | | STATE |
| EXAMINER: 1 CERTIFICATE, ULD BE FORM | DIRECTOR: P WITH THE ST WARYLAND, 2 | 22a 1 ce | rtify that I taak char | ge of the remains de ural causes | Arcident | 17 | Autops | Hamic TITLE (S | PECIFY) | | Inquiry [| | and in my o | | 20-85 | |
| MEDICAL ECUTE THE GGE 4 SHO | FUNERAL FUNERAL MORE, | SIGNATUR EXAMINER (TYPE OR P | S NAME Pau | 1 Snow, M | .D. | | M. | ADDRESS_ | Dpty | | rial | | SIGN | ED | 20-07 | |
| BP | | 30. BURIAL, CREM (SPECIFY) Buri 4 FUNERAL DIR | | 2/23/85 2/23/85 | | Llos C | METERY OF | CREMATO | 25a. DATE RI | West EC'D, BY R | ernpo | | llega | | Maryl | and |
| (VR A15 | ME (5)) | Boals Fu | neral Ser | vice P.A. | Wes | ternpo | rtm M | d. F | EB2 | 5 150 | -0 | 1 | | • | | |

1 1



STATE OF MARYLAND

| | FOR STATE REGISTRAR | | | DEPARTA | | ICATE OF DEATH | SIENE | REG. NO. | | |
|---|---|--|---------------------------------|--|-------------|-------------------------------|-----------------------|-----------------------------------|--|--|
| | 1 DECEASED NAME (TYPE OR PRINT) | FIRST | | IDDLE | | AST | 20 DATE OF | DEATH MONTH | DAY YEAR | 4:52 A. |
| | | SARAH | | ANE | | EVORE | FEBRUA | | | M |
| - | 3 SEX | 4 | RACE | | S. DATE C | | AGE INYE | ARS LAST BIRTHDAY} | MONTHS DAY | |
| 1 | Female | | Caucas | | 06/ | 30/1888 | 96 | YRS | | 3 MOOKS MIN. |
| ý | To. BIRTHPLACE (STATE OR F | FOREIGN 76 | CITIZEN OF V | VHAT COUNTRY? | 8 MADDIE | D NEVER MARRIED | 9 BALTIMOR | E CITY OR COUNT | Y OF DEATH | |
| h | W. Va. | | USA | | WIDOWE | | Alleg | anv | | MD. |
| 9 | 10. CITY OR TOWN OF DEA | ATH 11 | . NAME OF H | OSPITAL, NURSIN | G HOME C | OR OTHER INSTITUTION | 12a USUAL C | PCCUPATION FOR MOST OF WORKING | | OF BUSINESS OR |
| 6 | CUMBERLAND | | MEMORIA | AL HOSPIT | AL | | Hon | nemaker | TO THE | |
| 7 | USUAL RESIDENCE (IF NURS 130. STATE Md | 13b COUNTY | | GIVE RESIDENCE BEFORE 13t, CITY OR TOW E11ers1 | N | 13d. INSIDE CITY LIMITS? | 13e STREET A 21529 | DDRESS / ZIP COD | DE 2/1 | 529 |
| 0 | 14 FATHER'S NAME | | | | | 15. MOTHER'S MAIDEN NA | ME | | | |
| 1 | William | | B. | Tyson | | Rosie | | WIDDIE | Albrig | ,ht |
| 1 | 160 WAS DECEASED EVER | IN U.S. ARME | | 166. SOCIAL SECU | RITY NO. | 17 INFORMANT | | ADDRESS | | |
| | no | (IL 152 OIAS A | YAK OR DATES! | 213-74-2 | 198 | Herbert R. D | evore. | Ellerslie | e, Md. | 21529 |
| | Conditions, if ony, gove rise to immacause (o), statin underlying cause | /AS CAUSED (IMMEDIATE (, which mediate ig the | BY: CAUSE (a) DUE TO, OR (b) | Cardio | NCE OF | monay 18 | nest part | Listan | BEIWEE | Oximate interval In Onset and Death |
| | | ii-1 | Hent | - Fair | lus | NOT RELATED TO THE TERM | auer | lobe p | neme | WZ |
| 5 | 190 DATE OF OPERA 210. ACCIDENT WAS UNIT | TION | 196. CONDII | ION FOR WHICH | OPERATIO | N WAS PERFORMED | YES T | IN CERT | ES, WERE FINE IFYING CAUSI ES [] | DINGS USED ES OF DEATH? NO [] |
| | | CAUSE OF DEATH | 216. TIME OF HOUR A.A P.A | A. MONTH DA | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTERNAT | URE OF INJURY IN ITEM 18 | PART I OR PART 2 | |
| | OR CONTRIBUTING OF THE PROPERTY MEDICAL | OLE | 21e. PLACE C | DE INJURY ET, FACTORY, OFFICE, F. | ARM. ETC.) | 211. LOCATION STREET | | CITY OR TOWN | COUNTY | STATE |
| | 22a.1 certify that (1) saw the decease above, (1) (we) (a | ed alive on | 2- | 26 19 | T | nd that in (my) (our) apinion | death occurred | on the date and ha | . 19 | , that (1) (we) last he causes stated |
| | 326 SWALKTURE / | | - | | | DEGREE | | | 22. DA | TE SIGNED |

ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL STAFF HOSPITAL

MEDICAL BUILDING

ROBUSTIANO BARRERA

CIMBERLAND 231. NAME OF CEMETERY OR CREMATORY

MARYLAND 21502

230. BURIAL, CREMATION, REMOVAL (SPECIFY) 2/28/85 Buria

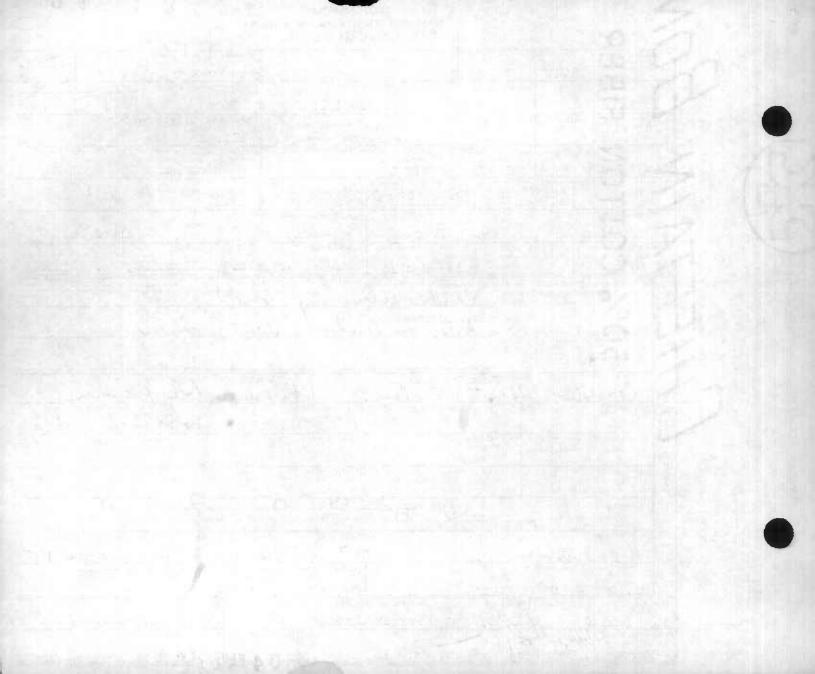
Porter Cemetery

23d LOCATION R D, Hyndman, Bedford, Pa. 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

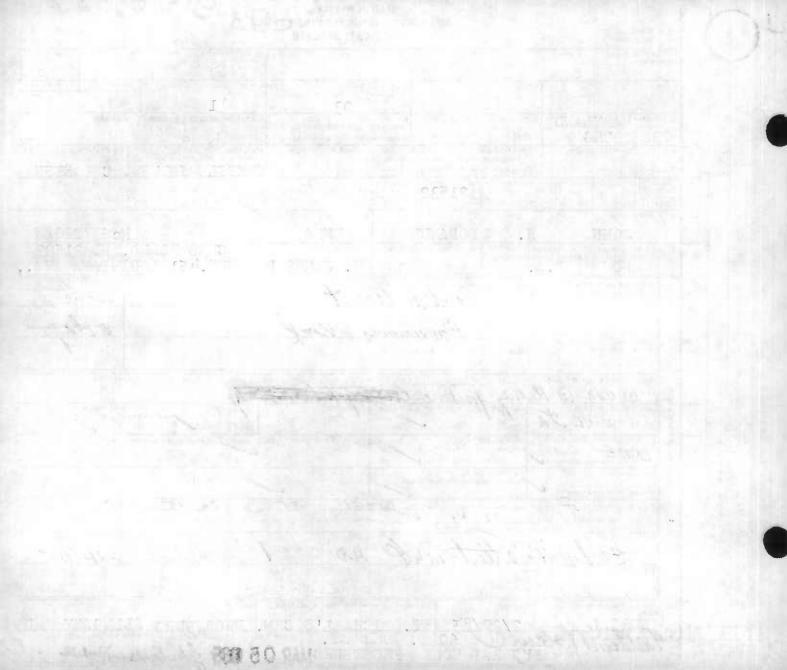
BP

Zeigler, Hyndman, Pa. 15545



| | I. DEC | REGISTRAR CUMBERLA | AND, MD 21 | DDIE | CERTIFICATE OF DE | | REG. N 2a. DATE OF DEATH | MONTH DA | Y YEAR | 2b HOUR |
|---|----------------|--|--|---|---|---|---|----------------------------|--------------------------|---------------------------------|
| 6:1 | | OR PRINT} | | IAMEC | DICII ADMO | | | 17 100 | _ | 9:55 F |
| | 3 SEX | VINC | 4 RACE | JAMES | DIGILARMO 5 DATE OF BIRTH | 6 | FEBRUARY AGE (IN YEARS LAST BIR | 13. 198 | UNDER TYEAR | IF UNDER 24 HRS |
| 4 2 2 | | male | White | | 02-28-1921 | YEAR | 63 | YRS. | NIHS DAYS | HOURS MIN |
| n 72 hour | | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF W | | MARRIED NEVER MA | | ALLEGANY | R COUNTY C | F DEATH | |
| s offer de by the fur | 10. CI | ty or town of DEATH Cumberland | (IF NOT IN SUCH | OSPITAL, NURSIN FACILITY, GIVE STREET HEART HO | G HOME OR OTHER INSTIT | | 120 USUAL OCCUPAT TYPE OF WORK FOR MOST OF Tet. stree | ON F WORKING LIFE) | INDUSTRY | of Cum |
| filled in hould be f | USUA 13a. S | TATE 1136 COUL | | IVE RESIDENCE BEFORE | N 113d INSIDE CITY | Y LIMITS? | 3e.STREET ADDRESS 12 Maple | zip cobe Street | | 100 |
| ompletely and 2 sh | 14. FA | THER'S NAME Erasimo DiG | ilarmo | LAST | 15. MOTHER'S A | RST | zabeth Ner: | | LAS1 | |
| on ond co | | VAS DECEASED EVER IN U.S. AR (IF YES, GI YES W | VE WAR OR DATES) | 215–16–4 | | | ADDRI S DiGilarmo | | | |
| g physici on poper emovol. | | 18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA | nly one couse per li ED BY. TE CAUSE (0) | CARD | AC ARR | EST | | | 100 | mate interval |
| deoth ce ottendin tove corb otron, or roumotic | | Conditions, if any, which gove rise to immediate | DUE TO, OR | AS A CONSEQUE | NCE OF HER | ART | DISEASE | | 2 | yRS |
| that the d by the ease rem ial, creme | | couse (a), stating the underlying couse last. | (c) | DIAB | ETES M. | ELLI | | | 20 y | RS |
| quires signe fhen pl to buri njury, q | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS CON | HEAD | | OTHE TERMIN | NAL DISEASE OR CON | DITION GIVEN | IN PART 1 o | |
| no. nos been permit 1 ne prior | CERTIFICATION | 190 DATE OF OPERATION | | ION FOR WHICH | OPERATION WAS PERFORM | | 200 AUTOPSY? | | WERE FINDIN NG CAUSES | |
| £ 0 - 0 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | | MONTH DA | Y YEAR 19 | URY OCCURRE | D (ENTER NATURE OF INJU | RY IN ITEM TB PAR | T T OR PART 2) | |
| SICIAN This of physicio physicio certificate briol-tronsit entol Hygie | SAL | | | C 10 1 11 (D)14 | 211 LOCATION | J | | | | STATE |
| G PHYSICIAN offending physic the buriol-tron and Mentol Hy ked or Nett IB | MEDICAL | 216 INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e, PLACE O (AT HOME, STREE | ET, FACTORY, OFFICE, F. | ARM. ETC) STREET | | City OR TO | IWN | COUNTY | |
| ENDING PHYSICIAN To ottending physician To see the buriot-tron Health and Mental His morked or Item 18 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the deceased alive or shape, (1) (we) (did) (did not | (AT HOME, STREE | deceased from | Feb 5, and that in (my) (a | , 19 25 | _, to_ Feb | 13.19 | 25, to and from the c | |
| L OK ATTENDING PHYSICIAN the haspital or ottending physic L DIRECTOR. After this certifical tracked for use as the buriol-tran e Dept of Health and Mental Hy : If them 21 is marked or item 18 | MEDICAL | 27d INJURY OCCURRED WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp sow the deceased alive or above. (1) (we) (did) (did not 27b. SIGNATURE | (AT HOME, STREE | deceased from | ARM. ETC) STREET FEB 5 Sond that in (my) (a DEGREE ATT PH | , 19 <u>85</u> our) apinion de | _, to_ Feb | 13, 19 ote and hour o | 22c. DATE | couses stated |
| N ATTENDING PHYSICIAN haspital or ottending physical RECTOR. After this certifical hed for use as the buriol-tranept of Health and Mental Hythem 21 is marked at Nettle 18 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 270.1 certify that (1) (this hosp sow the deceased alive or shape, (1) (we) (did) (did not | (AT HOME, STREE | deceased from 19 Street death | ARM. ETC) STREET STREET STREET DEGREE ATT PH 27e ADDRESS | , 19 8 5 pur) opinion de TENDING HYSICIAN | | 13_, 15 ote and hour of | 224. DATE: | couses stated SIGNED 4-83 |

I SEVENIA AVE.



- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a DATE KNOWN (TYPE OR PRINT) John DEATH MATED DONNET I Y 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF SIRTH IF UNDER 24 HRS 2d HOUR 2c DATE PRONOUNCED 6:30 Male 29 1928 56 YPS 2/11/1985 10 White DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U.S.A. WIDOWED DIVORCED Allegany County Westernport 12n LISUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS Sacred Heart Hospital RetiredWestvaco Cumberland Paper SUAL RESIDENCE (IE IN NURSING HOME OR OTHER INSTITUTION) GIVE RESIDENCE REFORE ADMISSION) 3n STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Allegany Maryland Westernport 221 Wood St. Westernport Md. 14 FATHER'S NAME Michael MIDDLE Donnelly Bessie John Munsie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS (IF YES GIVE WAR OR DATES) 212-24-1593 Mrs. Nancy Donnelly Westernport. Md. Korean 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: INTRACEREBRAL HEMORRHAGE IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which HEAD TRAUMA gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 19a. DATE OF OPERATION 19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM TO PART ? OR PART ? HOUR A.M. MONTH DAY YEAR UNDERLYING TOR Fell down steps CONTRIBUTING CAUSE OF DEATH 8:10 Pm 2/9/1985 PPLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK home 221 Wood Street Westernport, Md Allegany XX 22a. I certify that I took charge of the remains described above, held on Autopsy Homicide Undetermined monner Notural couses TITLE (SPECIFY) DATE SIGNED 2/11/1985 MEDICAL EXAMINER EXAMINER'S NAME Cumberland, Md. 2150 (TYPE OR PRINT) Giovanni Mastrangelo M.D. __ADDRESS 900 Seton Drive 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL Philos Cemetery Burial Westernport Allegany M 07/84 25M 24 FUNERAL DIRECTOR relia Davidson **DHMH - 17** Boals Funeral Service P.A. Westernport, Md. (VR A15 ME (5))

STATE OF MARYLAND

a de seguire e se reseau elas . A.a. H tromasidae -3 mo 2 m = FM Green no.vic selfing Intimed fract become included to be described and the second of the second vilonny _ Louis El emin. Sino' . BE . frequents in grantes were not the EPET-15-SIS THE REPORT 1999

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME LAST 20 DATE OF DEATH MONTH FIRST 2h HOUR TYPE OR PRINTI FEBRUARY 3, 1985 RTI.I.Y SAM DHEF 6 AGE (IN YEARS LAST BIRTHDAY) SEX 4 RACE DATE OF BIRTH MONTH Male White May 17, 1914 O BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Virginia WIDOWED Allegany O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CUMBERLAND MEMORIAL HOSPITAL Engineer-B & O Railroad USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13o. STATE 13b COUNTY 13c CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1540-A Oldtown Manor / 21502 Cumberland YES VY NO Maruland Allegany 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME Blankenship Flana Samuel Rau In WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (IF YES, GIVE WAR OR DATES) 217-10-1569 Address same as #13 above. Holon E. Dukh -APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 100 CERTIFICATION 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOX NO [21n. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 71e PLACE OF INJURY CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from saw the deceased live on above, (1) (vel (did) did not) view the body after death (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN - DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS 955 Frederick Street Dr. Anthony J. Bollino, Jr. Cumberland, Maryland 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY)

DHMH : 16 60M 7/R4 (VRA 15, 4)

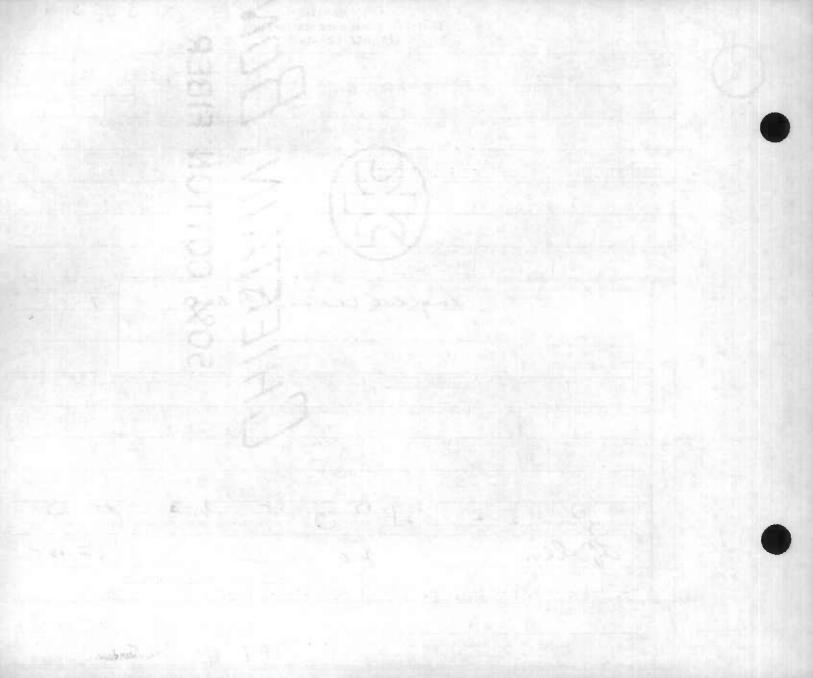
24 FUNERAL DIRECTOR George-Upchurch Funeral Home, P.A.

Sunset Memorial Park

Cumberland-Allegany Co., -Md.

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT

202 Greene Street-Cumberland, Maryland 21502



| 1A | | | | CERTIF | E OF MARYLAND LEALTH AND MENTAL HY ICATE OF DEATH | REG. NO | O S & | Zb HOUR |
|--|---------------|--|--|------------|---|--|--|--|
| 1. | | ORPRINT) HENRY | | IRGR I | | FEBRUARY 20 | | 10:50 B |
| | 3. SE | x Male | White | Feb | DF BIRTH 1916 | 6. AGE (IN YEARS LAST BIRTH | , | |
| death to | | RTHPLACE (STATE OR FOREIGN COUNTRY) MD | 76. CITIZEN OF WHAT COUNTRY? | WIDOWE | | | COUNTY | MD. |
| by the fried with | Cun | nberland | SACRED HEART H | ÖSPIT | | 120 USUAL OCCUPATION TO PROPERTY OF WORK FOR MOST OF CONST. In | WORKING LIFE INDUST | of Business or State Rds |
| filled in hould be | 13a | TA TA | egany Cunber | N - | 134. INSIDE CITY LIMITS? | | ZIP CODE | /21502 |
| ompletely and 2 s | 14. F) | William | Fairgriiev | | IS. MOTHER'S MAIDEN N | WIOOFE | L | LAST 6 C |
| Pages 1 | 16a \ | WAS DECEASED EVER IN U.S. AR | | | IT INFORMANT | airgrieve C | | d, MD |
| physicic emovol. | | | nly one cause per line for (a), (b) and (b) BY: TE CAUSE (a) | 0-12 | espiretm | Arres | APP BETWE | ROXIMATE INTERVAL EN ONSET AND DEATH |
| e attending nove corbic attan, or ri | | Canditians, if any, which gave rise to immediate | DUE TO, OR AS A SON SEQUE | | Renal | Failme | - | |
| ed by the olease rer | | cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEQUE | 120 | Agre M | etersterni(| _ | |
| require een signe t. Then p for ta bui | TION | PART 2 OTHER SIGNIFICANT (| CONDITIONS CONTRIBUTING TO D | | | MINAL DISEASE OR COND | | |
| Cron. The low Cron. The has be set be set permitted by the permitted by | CERTIFICATION | | 196 CONDITION FOR WHICH | OPERATIO | | 20a AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES | SES OF DEATH? |
| SICIAN: 19 physicertifical rial-tran ental Hy | | 21g, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA | | Y YEAR | | RRED (ENTER NATURE OF INJURY | IN ITEM 18 PART I OR PART | 2) |
| offending of the bush of the bush of the bush or the bush or the bush of the b | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE F) | ARM, ETC) | 211 LOCATION STREET | CITY OR TOW | OUNIY | STATE |
| attenbli | | sow the deceased alive an | ital) attended the deceased fram | , ar | nd that in (my) (aur) apiniai | , ta, ta, deoth accurred an the dat | | _, that (I) (we) last the couses stated |
| ALOR / the ho ALDIRE detoched ote Dept | | 27b. SIGNA URE | far | 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAFF | 0 | 21 8 |
| TO HOSPITAL etoined by the TO FUNERAL should be determined the Stote with the Stote IMPORTANT: | | 22d. PHYSICIAN'S NAME (TYPE O | V | | MEMORIAL MI | EDICAL BLDG., | CUMBERLAN | D,MD 21502 |
| BP | | BURIAL, CREMATION, REMOVAL (SPECIFY) Burial | 23b. DATE 23c. N Feb23 1985 Su | nse t | Memerial F | Cumberl | and Alle | |
| DHMH - 16 60M 7/B4 (VRA 15, 4) | | DITTI AMC. Kigi | | rel, 1 | 4-1- | B 2 6 1985 | Sh. REGISTRAR'S SIGN | L |

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| | 0 . | TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physici should be detached for use as the buriol-transit permit. Then please remove carbon paper with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal. |
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| | TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death retained by the hospital or attending physician. | TO FUNERAL DIRECTOR. After this certificate hos been signed by the attending physicion and completely filled in the should be detached for use as the buriol-transit permit. Then please remove corbon papers. Pages 1 and 2 should be listed with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. |
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| 8 | 1 | STATE 306 UNION STATE SPECIES ERKELEY SPE | RINGS, WV | MENT OF I | HEALTH AND MENTAL HYG FICATE OF DEATH | REG. NO | | 3 0 |
|--|---------------|--|--|-----------------|--|---|--|---|
| . 0# | | CEASED NAME FIRST OR PRINT) | WIDDIE | | LAST | 2a DATE OF DEATH | | 2b. HOUR |
| 2 60 | 97.1 | GLEN | PROCTOR | FARI | | FEBRUARY | | 3:15A M |
| (.) | 3. SE) | K | 4. RACE | | OF BIRTH H DAY YEAR | 6 AGE (IN YEARS LAST BIRT | MONTHS DAYS | |
| 8 11 | | Male | White | | 28, 1924 YEAR | 60 | YRS | |
| 1 186 | | RTHPLACE (STATE OR FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY | MARRIE WIDOW | ED NEVER MARRIED | | R COUNTY OF DEATH | MD. |
| 52 | | ty or town of DEATH umberland | 11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY GIVE STREE SACRED HEART H | (ADDRESS) | | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST O | | |
| in 24 miled should be considered | 13a S | AL RESIDENCE (IF NURSING HOME OF STATE 136 COUT | | VN | YES NO | 130.STREET ADDRESS / P.O. Box 1 | ZIP CODE | 02 |
| ond 2 seed with | | Marshall Ta | aylor Farlow | | Is MOTHER'S MAIDEN NAM Loretta | WIDDLE | Largen | t . |
| n ond co | | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES GIV | MED FORCES? 166 SOCIAL SEC (F WAR OR DATES) 125-52- | | Garnet Bennet | t. Star Rou | | Md. lintstone |
| physicio npopers. movol. | | 18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE | nly one couse per line for (a) (b), a D BY. TE CAUSE (a) | 10 m | toy lad | ure | | DXMATE INTERVAL N ONSET AND DEATH |
| quires that the death ce signed by the attending hen please remove corb to burial, cremation, or r ijury, or other traumatic | NO | Conditions, if ony, which gave rise to immediate conserving the underlying course last | DUE TO, OR AS A CONSEQUENCE ON TO THE TO OR AS A CONSEQUENCE ON THE TOTAL OR TO THE TOTAL OR T | we | OT RELATED TO THE TERM | nosetta. | DITION GIVEN IN PART | lia |
| on. hos been to permit 1 to permit 1 to ows ony in | CERTIFICATION | 190 DATE OF OPERATION | 196. COMBITION FOR WHICH | OPERATIO | DN WAS PERFORMED | 200 AUTOPSY? YES NO | 20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES | DINGS USED ES OF DEATH? |
| GLIAN: T g physici g physici entificote iol-transi ntol Hygi em 18 sh | - | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | ATH HOUR A.M. MONTH D | AY YEAR | 21c. HOW INJURY OCCURR | PED (ENTER NATURE OF INJUR | LY IN ITEM 18 PART 1 OR PART 2] | |
| IG PHYS offending ter this c s the bur ond Me | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, | FARM ETC) | 21f. LOCATION STREET | CITY OR TO | wn COUNTY | STATE |
| TTENDIN pital ar TOR: Af for use o of Health | | | tol) ottended the deceosed from. | | nd that in (my) (aur) apinion o | , ta death occurred an the do | | , that (we) last ne causes stated |
| 'AL OR A y the hos tal DIREC detached ofe Dept VI; If item | | 22b. SIGNATURE | agoner | MI | | MEDICAL STAF | F 17/ | 22/85 |
| etoined by TO FUNER, should be d with the Sto | | GARY L. WAG | | | 925 BISHOP W | ALSH ROAD, | CUMBERLAND, | MD 21502 |
| 5 5 4 3 8 | | BURIAL, CREMATION, REMOVAL | | NAME OF (| CEMETERY OR CREMATORY | 23d LOCATION | COUNTY | STATE |
| BP | | Burial | 2/24/85 Ca | mp Hi | 11 Cemetery | Paw Paw. | Morgan, WV | |
| DHMH - 16 60M 7/84 (VRA 15, 4) | 24 FU H€ | uneral director elshey-Johnson I | Berke Funeral Home, 30 | Tour C. | namin and LINESS DATE | E REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNA | ATURE |

LOW SELECTION TO AND 1 1 1 × 034

FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 0 | REGISTRAR | | | | CERTIF | ICATE OF | DEATH | | REG, NO. | | | | |
|-----|-----------------------|---|---|---------------|-----------|---------------------------|--------------|------------------------------|-----------------------|--------------------------------------|----------------|---------------------|----------|-------|
| | | | ESSIE | B | DLE | | RTIG | | Febru | ary 13 | | | 3: | P M |
| | 3. SEX | Female | 4 RAC | ite | | S. DATE C | Y DAY | 92 7 | 6 AGE (IN) | EARS LAST BIRTHDA | The same | ONTHS DATS | IF UNDER | MIN, |
| 2 | | RTHPLACE (STATE OR FOR | | .S.A | IAT COUNT | RY? B MARRIE WIDOWE | D NEVER | MARRIED | | recity or c legany | OUNTY | OF DEATH | | MD, |
| 1 | | ty or town of DEAT mberland | | | | RSING HOME (| | Center | | OCCUPATION K FOR MOST OF WO IC | ORKING LIFE) | 12b. KIND O | F BUSINE | SS OR |
| 2 | 05UA 130 S We: | AL RESIDENCE (IF NURSIN TATE St Virginia | G HOME OR OTHER IN 3b COUNTY Minera | STITUTION GIV | CITY OR T | | 13d INSIDE (| ITY LIMITS? | 13e STREET | ADDRESS / ZI | | 26726 | 199 | 2 |
| 100 | | THER'S NAME FIRST | WIDDLE | Mcker | LAST | | | S MAIDEN NAMERST | MĒ | WIDOLE W- | ri <i>ø</i> hi | LAS | Т | |
| 5 | Iáa V | AS DECEASED EVER IN | U.S. ARMED FO | R DATES) | | -1693 | 17 INFORM | | Ferti | ADDRESS | | W. Va. | | SVI |
| | ICATION | Conditions, if ony, gove rise to imme couse (10), stoting underlying couse PART 2. OTHER SIGNI | which diote the lost. DL | (c) | S A CONSE | O NCE OF | | D TO THE TERM | INAL DISEAS | OPSY? 20 | b. IF YES, | WERE FINDING CAUSES | NGS USE | |
| | MEDICAL CERTIFICATION | 1/2/8. 210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA | USE OF DEATH | TIME OF R | MONTH | DAY YEAR | III. HOW R | VURY OCCUR | ESE | NO | YES | 100 | NO [|] |
| | MEDI | 21d. INJURY OCCURRE WHILE AT WORK AT WORK | (A) | PLACE OF | | ICE, FARM, ETC) | 21f LOCATI | | | CITY OR TOWN | | COUNTY | 5 | STATE |
| | | 22a I certify that (I) (1 saw the deceased above, (II) (we) (die 22b SIGNALURE | alive on | | 1 | | PETREE (MY | , 19 | , to death occurre | ed on the date | | | | oted |
| _ | | MCULA 224 PHYSICIAN'S NAM Richard S | | MD | erde | 100 | 22e ADDRE | ATTENDING PHYSICIAN SS Bldg. | | physician | | & Med. | Cnt | r |
| | | URIAL, CREMATION, RI SPECIFY) Burial | EMOVAL 23b. | | | Philos | EMETERY OR | CREMATORY | 23d. LOC. | | | COUNTY | 5 | STATE |

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR.

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MPORTANT: If Item 21 is marked or

Boals Funeral Service Westernport Md. 21562

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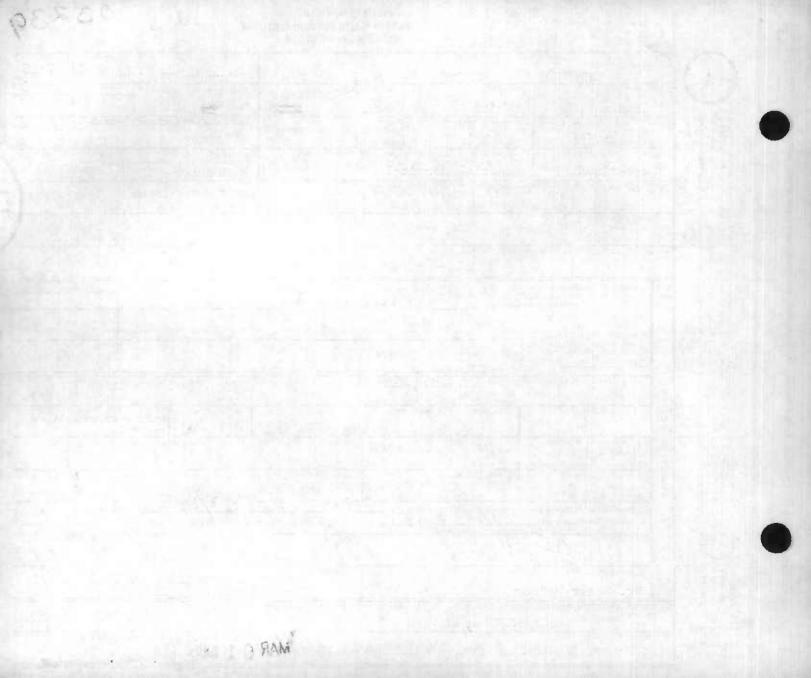
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

MCKEE'S FUNERAL HOME

MODELLA HE ENLINE IN THE LAND THE COMPANY OF THE PARTY OF vet at an hard atviou X I Vintovik stady SOFT M. GUI THEMIN DANC IT IN THE FOR GARY GARDEN H.D. into a still a resignment of information of the state of

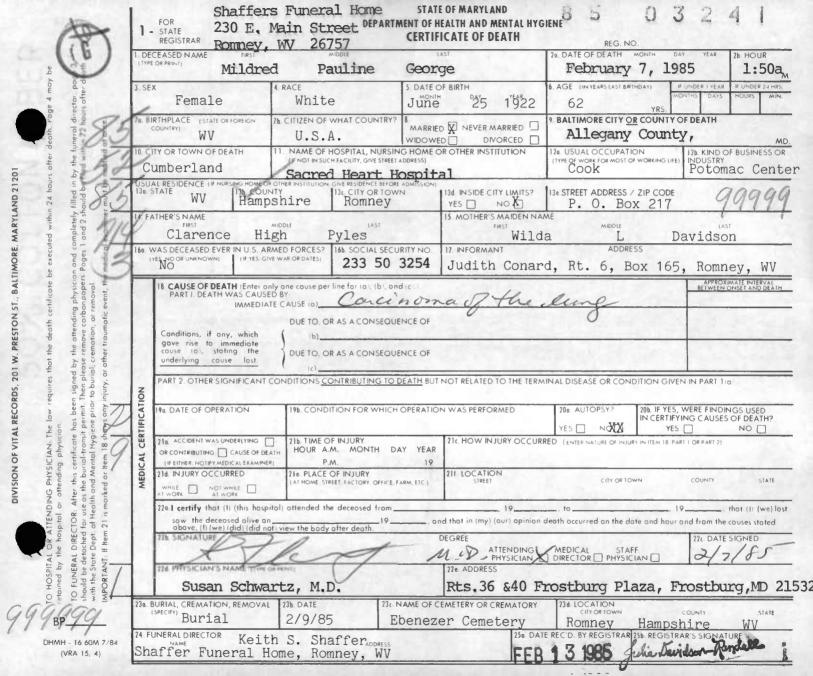
| | 1 - | FOR STATE REGISTRAR | | DEPARTN | MENT OF H | OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH | GIENE & | | 032 | 139 |
|--|---------------|--|-----------------------------------|---|------------------------|---|---|----------------------|------------------------------------|--------------|
| GIA | | CEASED NAME FIRST OR PRINT; GERTRUDE | I | WHITE | GARV | TNF | 2a. DATE OF DEATH February | | | 7:15 D.M |
| | 3. SE | | 4 RACE | MILLE | 5. DATE C | F BIRTH 1001 | 6. AGE (IN YEARS LAST BIR | | | UNDER 24 HRS |
| direct ours a | _ | Female RTHPLACE (STATE OR FOREIGN | White | WHAT COUNTRY? | Feb. | | 9 BALTIMORE CITY C | YRS. | DEATH | |
| in 72 h | | Kentucky | USA | WHAT COUNTRY: | MARRIEI | DIVORCED | Allegany | <u>k</u> COOM TOT | DEATH | MD. |
| by the fulled with | C | ty or town of death Cumberland | Memor: | ch facility, give street A | address) | r other institution | 120 USUAL OCCUPATION OF THE OF WORK FOR MOST OF HOUSEWITE | | 26. KIND OF BU NDUSTRY Horne | |
| filled in nould be | 13a S | | ROTHER INSTITUTION NTY Sany | 136. CITY OR TOWN Cumberla | N | 13d INSIDE CITY LIMITS? | 130.STREET ADDRESS 220 Ceceli | zip code a Street | 2150 | 2 |
| mpletely ond 2 s | 14. FA | John | WIDDLE | White | | Cordelia | AME | Shac | cklefor | d |
| physician and co an appers. Pages 1 emoval. | | VAS DECEASED EVER IN U.S. AF (ES NO OR UNKNOWN) (IF YES GI | MED FORCES? | 800-01×9 | | 17 INFORMANT Bruce Irons | Trust Dept Cumber land | Libert | 130 ^B ank | of Md |
| been signed by the attendin mit. Then please remove corb prior to buriol, cremation, or ony injury, or other troumatio | ATION | Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. PART 2 OTHER SIGNIFICANT | DUE TO, COLOTIONS C | | NCE OF | NOT RELATED TO THE TERM | WINAL DISEASE OR CON | | IN PART 110 ERE FINDINGS | USED |
| ows ene | CERTIFICATION | | | | | | YES NO | IN CERTIFYING | G CAUSES OF | DEATH? |
| spiral or ottending physics of the certifical CTOR: After this certifical for use as the burial-transfer the theolih and Mental H. 21 is marked or Item 18 | MEDICAL CE | 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DE (IF EITHER NO IFF MEDICAL EXAMINE 21d IN JURY OCCURRED NOTWHILE AT WORK AL WORK 22a I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no 22b. SIGN AT URE | 21e PLACE (AT HOME, ST | .M. MONTH DA .M. OF INJURY REET FACTORY, OFFICE FI the deceosed from 19 \$1 | 19 ARM, ETC.) 2 , on | 216 HOW INJURY OCCUR | city or to | . 190 | COUNTY | |
| ERAL DE Stote DANT: IF | | 22d. PHYSICIAN'S NAME THE | alu | w | P | ATTENDING PHYSICIAN | MEDICAL STANDING DIRECTOR PHYSIC | - | 3/24/ | 85 |
| BP TO FUN should be with the IMPORT. | 23a. B | Dr. Peter Hali URIAL CREMATION, REMOVAI SPECIFY BUTIAL | | 1, 1985 ^{Res} | iame of c | Cumbe EMETERY OR CREMATORY IN Memorial Pa | ial Hospita rland, M D ark LaVare | 21502 Allega | | Md IE |
| DHMH - 16 60M 7/84 (VRA 15, 4) | | ox Merritt Fu | neral Ho | ome 404 De | ecatu | Cumb MdMA | TE REC'D. BY REGISTRAR | Julia Javi | 'S SIGNATURE | 2.00 |

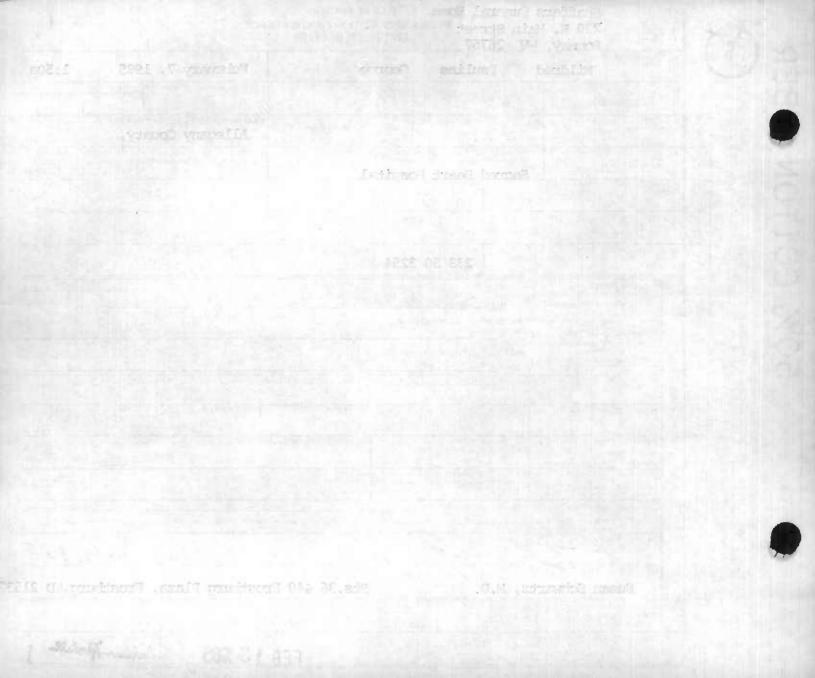


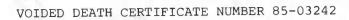
TO FUNCHAL DESCROOL After the perificate has been upned by the attending physican and completely filled in by the funeral direct wholed be detached to use as the burish training perior to please remove corbin papers. Pages 1 and 2 should be filed within 72 hours with the State Dest of Health and Merical Hygerie prior to build committee or removal.

| | CEASED NAME FIRST | 1 | MIDDLE | ι | LASŤ | 20. DATE OF DEA | TH MONTH | DAY Y | EAR | 2b HOUR |
|-----------------------|--|--|--|--|---|---|------------------------|---|------------------|-----------------------------|
| (TYPE | ANNAL | EE | MARGARET | Г | GASTER | FEBRUARY | 10 1 | 985 | | 02:37 |
| 3. SE. | X | 4. RACE | | 5. DATE C | OF BIRTH | 6. AGE (IN YEARS L | | IF UNDER 1 | _ | IF UNDER 24 H |
| 1 | Female | Caucas | ian | MONTH 03 | 3/09/1905 YEAR | 79 | YE | | DAYS | HOURS |
| 7a BI | SIRTHPLACE (STATE OR FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8 MARRIE | D NEVER MARRIED | 9 BALTIMORE C | ITY OR COU | NTY OF DEA | TH | |
| | Pa | USA | | WIDOWE | DIVORCED | ALLE | GANY C | COUNTY | | |
| | Cumberland | (IF NOT IN SUC | CRED HEAR | ADDRESS) | OR OTHER INSTITUTION | 120 USUAL OCCU | NOST OF WORKIN | | | BUSINESS |
| 13a. S | JAL RESIDENCE (IF NURSING HO STATE 134 C | ME OR OTHER INSTITUTION OUNTY | 13c. CITY OR TOWN Hyndman | ADMISSION) | 13d INSIDE CITY LIMITS? YES K NO | 13e STREET ADDR Box 48 | RESS / ZIP C 6/ 155 | ODE 45 | 9 | 990 |
| M FA | ATHER'S NAME FIRST Raymond | MIDDLE | olford | | 15. MOTHER'S MAIDEN NA FIRST Flora | | | Norto | n LAST | |
| | WAS DECEASED EVER IN U.S | | 166 SOCIAL SECUR | RITY NO. | 17 INFORMANT | Α | DDRESS | Maryla: | nd | 20850 |
| (| (YES, NO OR UNKNOWN) (IF YE | S. GIVE WAR OR DATES) | 160-40-7 | 784 | Leeanna G. M | Miller, 2 | | | | Rockvi |
| STATE OF STREET | Conditions, if ony, whice gave rise to immediate cause (a), stating the underlying cause las | h (b) | R AS A CONSEQUE | NCE OF | CGVC (NO M | | CONDITION | GIVEN IN PA | ART Ita | |
| FICATION | Conditions, if ony, whice gave rise to immediate cause (a), stating the underlying cause las | DUE TO, OI the to DUE TO, OI to Conditions | R AS A CONSEQUE R AS A CONSEQUE ONTRIBUTING TO D | NCE OF | | AINAL DISEASE OR | 20b. IF | YES, WERE F | INDIN | GS USED OF DEATH? |
| CERTIFICATION | Conditions, if ony, whice gave rise to immediate cause (a), stating the underlying cause last | DUE TO, OI the to, OI the to, OI to Tonditions CC 19b. CONDI | R AS A CONSEQUE R AS A CONSEQUE DITRIBUTING TO D TION FOR WHICH (| NCE OF | NOT RELATED TO THE TERA | AINAL DISEASE OR 200 AUTOPSY YES \(\text{NO} \) NO | 20b. IF | YES, WERE F RTIFYING CA YES [| INDIN AUSES (| GS USED |
| CAL CERTIFICATION | Conditions, if ony, whice gove rise to immediate cause fol, stating the underlying cause lass PART 2 OTHER SIGNIFICATION 19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CONTRIBUTING CAUSE CAUSE CONTRIBUTING CAUSE CAUS | DUE TO, OI the DUE TO, OI th | R AS A CONSEQUED THE PROPERTY OF THE PROPERTY | NCE OF DEATH BUT OPERATIO | NOT RELATED TO THE TERM | AINAL DISEASE OR 200 AUTOPSY YES \(\text{NO} \) NO | 20b. IF | YES, WERE F RTIFYING CA YES [| INDIN AUSES (| GS USED OF DEATH? |
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| MEDICAL | Conditions, if ony, whice gove rise to immediate cause (a), stating the underlying cause (as PART 2 OTHER SIGNIFICATION 21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IF EITHER NOTIFY MEDICAL EXA 21d, INJURY OCCURRED WHILE NOTIFY MEDICAL EXA 21 WORK AT WORK | DUE TO, OI the DUE TO, OI th | R AS A CONSEQUED R AS A CONSEQUED THOM FOR WHICH OF THOM FOR WHICH | NCE OF NCE OF NCE OF OPERATIO AY YEAR 19 ARM.ETC.) | NOT RELATED TO THE TERM N WAS PERFORMED 21c HOW INJURY OCCUR 21t LOCATION STREET A 19 2 3 and that in (our) apinion DEGREE ATTENDING PHYSICIAN | 200 AUTOPSY: YES NO RED (ENTER NATURE C CITY To Z death accurred an | 20b. IF IN CE | YES, WERE F RTIFYING CA YES | ATY ATY DATE S | GS USED OF DEATH? NO STATE |

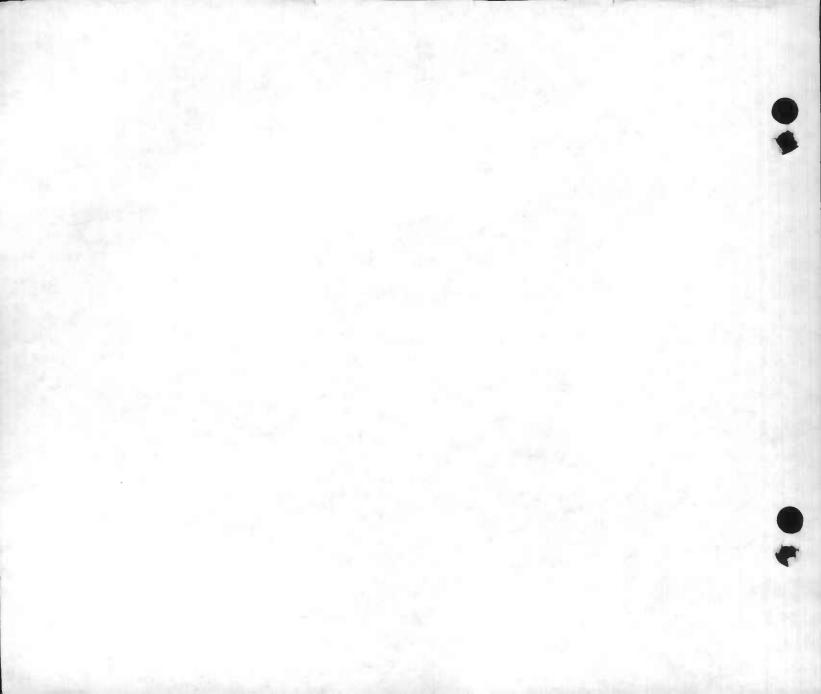
DHMH - 16 60M 7/84 (VRA 15, 4) COLUMN TO SERVICE STATE OF THE Tentell, as distant STORY CONTRACTOR OF THE PARTY O SPORTED HENNIL HOREITAT







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| | O HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be assessed within 24 hours often |
| | 0 |

| X | L | FOR STATE REGISTRAR CEASED NAME FIRST | MIDDLE | CERTIFICATE OF DEATH | REG. NO. |
|---|-----------------------|--|---|--|---|
| 1 | | E OR PRINT) GEO! | | | |
| 2.0 | 3 SE | | RGE FRANKLI | N GREEN 15. DATE OF BIRTH | FEBRUARY 21, 1985 10: |
| 96 | | Male | White | Aug. 8, 1904 | 80 YRS MONTHS DATS HOURS |
| 66 | 1.10 | IRTHPLACE (STATE OR FOREIGN COUNTRY) est Virginia | 76 CITIZEN OF WHAT COUNTRY USA | 7? 8. MARRIED ■ NEVER MARRIED □ WIDOWED □ DIVORCED □ | 9 BALTIMORE CITY OR COUNTY OF DEATH Allegany |
| filed with | 3 | umberland | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Memorial | ING HOME OR OTHER INSTITUTION | 126. USUAL OCCUPATION ITYPE OF WORK FORMOST OF WORKING LIFE) Railroad 126. KIND OF BUSIN INDUSTRY Electric |
| filled in | 130 | STATE 136 COU | or other institution give residence before INTY I CITY OR TO LaVale | WN 13d INSIDE CITY LIMITS? | Route 1, Box 8 / 21502 |
| ond 2 sh | 14 F | James | Green LAST | IS MOTHER'S MAIDEN NA Lummie | MIDDLE Pitcher |
| Poges 1 | | WAS DECEASED EVER IN U.S. A (YES NO OR UNKNOWN) (IF YES G | RMED FORCES? 16b. SOCIAL SEC 10c WAR OR DATES) 214-05- | | F. Green - same as abo |
| rtendir ve carl ian, ar | | | DUE TO, OR AS A CONSEQU | HENCE OR - | |
| signed by the o hen please rema a burial, cremati jury, or ather tra | Z | Conditions, if only, which gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT | DUE TO, OR AS A CONSEON | UENCE OF | MINAL DISEASE OR CONDITION GIVEN IN PART 100 |
| to been signed beermit. Then pled ne prior to burial ws any injury, or | TIFICATION | gove rise to immediate couse (a), stating the underlying couse last | (c)CONTRIBUTING TO | UENCE OF | 200 AUTOPSY? 206 IF YES, WERE FINDINGS US IN CERTIFYING CAUSES OF DEA |
| een signed int. Then pleo nor to burial ny injury, or | DICAL CERTIFICATION | gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING] CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE | CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHIC 21b. TIME OF INJURY HOUR A.M. MONTH (P.M. | DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 | 206. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA |
| his certificate has been signed burial-transit permit. Then plea I Mental Hygiene prior to burial or Item 18 shows any injury, or | MEDICAL CERTIFICATION | gave rise to immediate cause (a), stating the underlying cause last PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHIC 21b. TIME OF INJURY HOUR A.M. MONTH (| DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION | 200 AUTOPSY? 200 IF YES, WERE FINDINGS USIN CERTIFYING CAUSES OF DEA YES NO YES NO NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) |
| icate has been signed inconsit permit. Then pled Hygiene prior to burial 18 shows any injury, or | | gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIVE LITTER OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE NOT BY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT BY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE OF THE CONTRIBUTION | CONDITIONS CONTRIBUTING TO 19b CONDITION FOR WHIC 21b, TIME OF INJURY HOUR A.M. MONTH (P.M. 21e PLACE OF INJURY | DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 5TREET 212 LOCATION 5TREET 19 19 19 19 19 10 10 11 11 11 11 11 11 11 11 11 11 11 | 286 AUTOPSY? 286 IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO YES NO RRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY 2 to 19 that (II) 1 death occurred on the date and hour and from the causes si |
| A DIRECTOR: After this certificate has been signed eroched for use as the buriol-transit permit. Then plec to Dept. of Health and Mental Hygiene prior to buriol: If hem 21 is marked or Item 18 shows any injury, or | | gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE AT WORK NOT WORK N | (c) CONDITIONS CONTRIBUTING TO 196 CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICH ALTHOUGH A.M. MONTH (AT HOME STREET, FACTORY, OFFICE 1910) of the decebsed from 1901 (in the body office death. | DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 51REET OF THE TERM AND THE TERM THE T | 206 AUTOPSY? 206. IF YES, WERE FINDINGS USI IN CERTIFYING CAUSES OF DEA YES NO |
| RECTOR: After this certificate has been signed hed for use as the buriol-transit permit. Then plea part of Health and Mental Hygiene princit abunal tem 21 is marked or them 18 shows any injury, or | MEDICAL | gove rise to immediate couse (a), stating the underlying couse lost PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIVE LITTER OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING AT WORK 21d. INJURY OCCURRED WHILE NOT BY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT BY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE OF THE CONTRIBUTION | CONDITIONS CONTRIBUTING TO 196 CONDITION FOR WHICE 216. TIME OF INJURY HOUR A.M. MONTH P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE ON JOHN TO JOHN THE CONTRIBUTION OF PRINT) OR PRINT) Lames | DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED DAY YEAR 19 211 LOCATION 5TREET DEGREE ATTENDING | 206 AUTOPSY? YES |

Maryland lllageny Lavale, x Loure, box 8 % 20 col Tho are such a form . Tobel E. Green - came as above Miriel Well-PA-1965 Cumert Nem. Cumberland, live. He doing d. Hoter, fr. devel. If the course of the finder-french

| | Film G601 | item | 16 |
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 | REGISTRAR | | | CERTIF | ICATE OF DEATH | REG. | NO. | | | |
|---|---------------|--|-----------------------|---------------------------------------|-----------|-------------------------------|--------------------------|-----------------|------------------|----------------|--------------|
| | | CEASED NAME FIRST | | MIDDLE | L | AST | 20 DATE OF DEATH | MONTH | DAY YEAR | 2b. HOU | RA |
| | (TIPE | ELEA | NOR | M. | GRI | MES | February | 2, 19 | 85 | 0310 | M |
| | 3. SEX | | 4 RACE | | 5. DATE C | | 6 AGE (IN YEARS LAST | BIRTHDAY | MONTHS DAY | | |
| _ | | female | white | | 08- | -27-1917 YEAR | 67 | YRS | | 5 HOURS | MIN. |
| - | | RTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF | WHAT COUNTRY? | 8. | D NEVER MARRIED | 9 BALTIMORE CITY | | | | |
| 1 | | MD | USA | | WIDOWE | | Allegar | ov Cour | nt.v | | MD. |
| 1 | 10 ⊂1 | TY OR TOWN OF DEATH | | HOSPITAL, NURSIN | | OR OTHER INSTITUTION | 120 USUAL OCCUPA | ATION | 12b KIND | OF BUSINE | |
| 1 | CUI | MBERLAND | | RIAL HOSP | | | retired- | | | | |
| - | | AL RESIDENCE (IF NURSING HOME OF | | GIVE RESIDENCE BEFORE | | 13d INSIDE CITY LIMITS? | 13e STREET ADDRES | | | | |
| 1 | M | | egany | Cumberla | | YES NO | | | et/2150 |)2 | |
| 7 | 14. FA | THER'S NAME | MIDDLE | TAST | | 15 MOTHER'S MAIDEN N | | | | LAST | |
| | 16 | Charles Jo | | eeland | | 7111.31 | abeth M. Le | eidina | | LASI | |
| 1 | 160 V | AS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17_INFORMANT | ADD | RESS | | | 10/4 |
| | ye | VAS DECEASED EVER IN U.S. AR | /E WAR OR DATES) | 217-10-5 | 499 | Mrs. Rita | M. Riley, C | umber] | land, M | ID-daug | ghter |
| | | 18 CAUSE OF DEATH (Enter or | nly one couse per | line for (a), (b), gnd | dicu | 0 | 1 0 | line. | BETWEE | OXIMATE INTER | VAL DEATH |
| | | PART I. DEATH WAS CAUSE IMMEDIA | ED BY TE CAUSE (o) | Canda | Ou | 1 monas | Anes | | | | |
| | | | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| | | Conditions, if ony, which | (b)_ | | | | | | | | |
| | | gove rise to immediate couse (a), stating the | DUE TO, O | R AS A CONSEQUE | NCE OF | | | | | | |
| | | underlying couse lost | (c) | | | | | | | | |
| | 7 | PART 2 OTHER SIGNIFICANT | CONDITIONS C | ONTRIBUTING TO D | EATH BUT | / / / | | ONDITION G | IVEN IN PART | lio | |
| | 5 | Chronic | alle | tru chi | 4 | | wase | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | | ES, WERE FINE | | |
| | RT | In accommunity of | 31) 7145 6 | NE ANTIHON | | Tal- How bulley occur | YES NO | | YES 🗌 | NO [| |
| 1 | | OR CONTRIBUTING CAUSE OF DE | 216. TIME C | M. MONTH DA | Y YEAR | 21c. HOW INJURY OCCUI | KRED (ENTER NATURE OF IN | JURY IN ITEM 18 | PART I OR PART 2 |) | |
| | MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | | Μ. | 19 | AN AGGINION | | | | | |
| | MED | 21d INJURY OCCURRED | | OF INJURY REET, FACTORY, OFFICE FA | ARM ETC) | 211 LOCATION STREET | CITY OR | IOWN | COUNTY | 51 | TATE |
| | | AT WORK AT WORK | | | | 1, 0 | | | 192 | | |
| | | 220.1 certify that (1) (this hospi | - | | 35 | 19.0 |) , to | 1 | . 19 07 | _, that (I) (v | |
| | | sow the deceased alive on above, (V(we) (did) (did,no | t) view the body | ofter death. | | nd that in (my) (our) opinior | a death occurred on the | dore and ha | | | ted |
| | | 22b. SIGNATURE | | 1 | | DEGREE ATTENDING | , MEDICAL SI | TAFF | 72c. DA | TE SIGNED | 0 - |
| 4 | | 22d. PHYSICIAN'S NAME TIPE | my | / _ | | PHYSICIAN | DIRECTOR PHY | SICIAN [| 12 | -3-8 | 55 |
| 7 | | | 0 | | | Medi | cal Buildir | 0 | | | |
| | | Dr. R. Barrer | 2 | | | Memorial H | oenital | Cumba | rland | MA 2 | 1502 |

DHMH - 16 60M 7/84

MPORTANT: IF HE

(VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL Specify) Burial

James F. Scarpelli, Cumberland, MD 21502

23b. DATE

02-05-1985

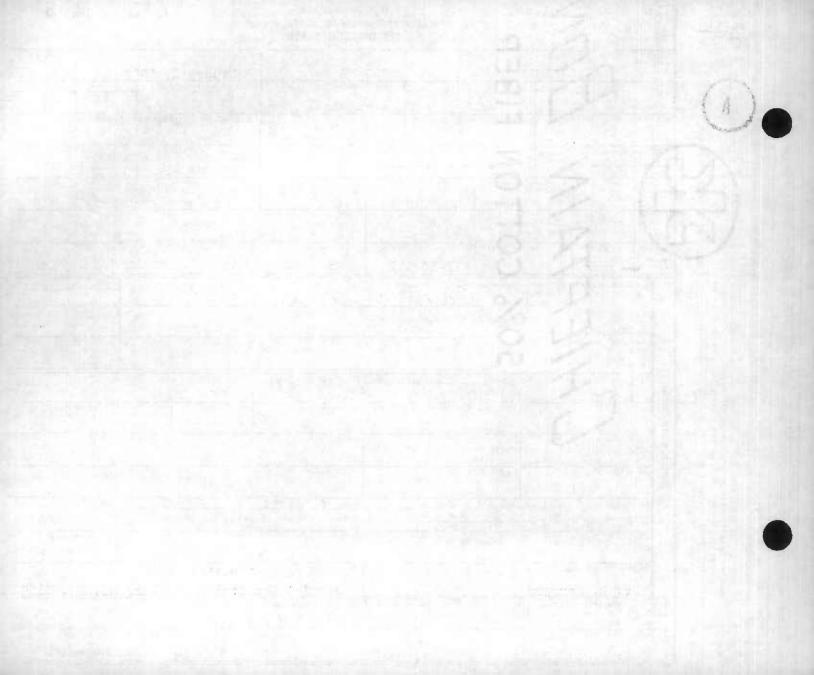
23c. NAME OF CEMETERY OR CREMATORY Hillcrest Burial

23d. LOCATION
CITY OF TOWN
Cumberland

STATE

Park Cumberland Allegany

25 Date Rec'd. By Registrar 256 Registrar's Signature



FOR

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

ST DEPARTMENT O

| ATE OF MARYLAND | 5 | 0 | 3 | 2 | 6. | |
|-----------------------------|----------|---|---|---|----|--|
| F HEALTH AND MENTAL HYGIENE | 77 | | | | - | |
| IFICATE OF DEATH | PF 0 110 | | | | | |

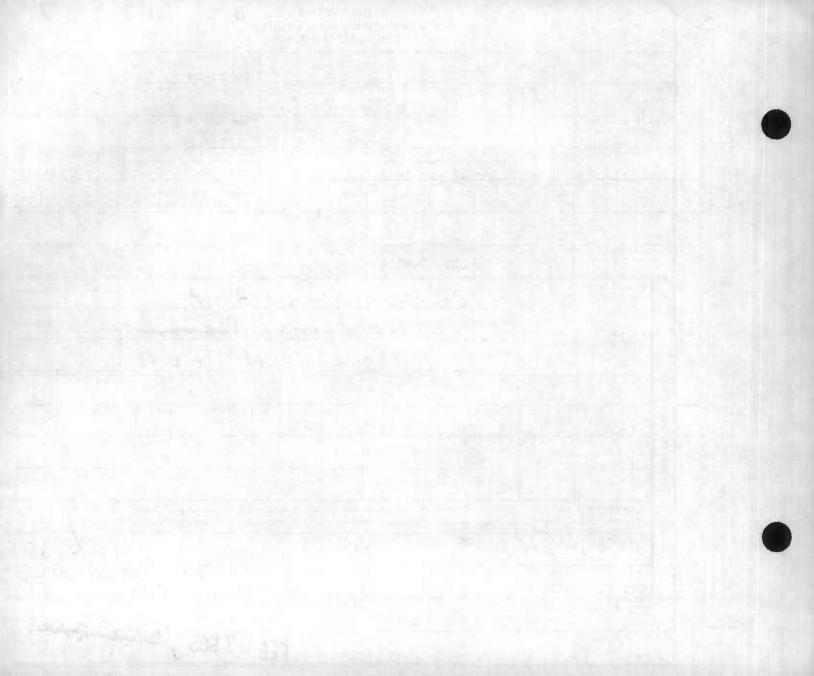
| | ' ' | REGISTRAR | | | | CERTIF | ICATE OF DEATH | | REG. | NO. | | |
|----|---------------|---------------------------------------|-------------|----------------------------|------------------|--------------------|--------------------------|------------|---------------------------|------------------|---|-----------------------------------|
| | | EASED NAME | FIRST | ٨ | AIDDLE | i | AST . | | 20. DATE OF DEATH | | DAY YEAR | 26 HOUR |
| | TYPE | OR PRINT) | LLOYI |) L | EROY | GH | ROSS | | February | 4, 19 | 85 | 7:54 AM |
| | 3. SEX | | | 4 RACE | | 5. DATE C | | | 6 AGE (IN YEARS LAST | | IF UNDER 1 YEAR | IF UNDER 24 HRS |
| H | ma | ale | | white | | ~ÎÖ | -26-1915 YEAR | R | 69 | YRS. | MONIHS DAYS | HOURS MIN. |
| 6 | 7a. BII | RTHPLACE ISTATE OR F | OREIGN | 16. CITIZEN OF | WHAT COUN | TRY? 8 | D X NEVER MARRIED | | 9 BALTIMORE CITY | OR COUNT | Y OF DEATH | |
| 1 | M | OUNTRY) | | USA | | WIDOWE | | 1 | Allegan | V | | MD. |
| 1 | 10 CI | TY OR TOWN OF DEA | ATH | | | URSING HOME (| OR OTHER INSTITUTION | N | 12a USUAL OCCUP | | | F BUSINESS OR |
| 1 | | mberland | | | | spital_ | | | retired | | Tire | Company |
| 2 | 13a. S | AL RESIDENCE (IF NURS TATE MD | 13b COUN | legany | 13c. CITY OR | | 13d INSIDE CITY LIMIT | TS? | 13e.STREET ADDRES | s / ZIP COL | ssick Ro | ad/21502 |
| 30 | 14 FA | THER'S NAME | | MIDDLE | LAS | T | 15. MOTHER'S MAIDE | | | | LAS | ST. |
| U | | Per | | | | | | Be | essie Robe | | | |
| | | VAS DECEASED EVER | | MED FORCES? | | 5-9224 | 17. INFORMANT | | | RESS | . 1 .45 | |
| | | no | | | 214-0 | 3-9224 | Mrs. Thel | ma u | ross, cur | perta | | |
| | | PART I. DEATH W | H Enter or | nly one couse per D BY: | line for (o), (l | bi, and icil | | A | then A | | BETWEEN | IMATE INTERVAL ONSET AND DEATH |
| | | | IMMEDIA | TE CAUSE (o) | Car | oho-C | as month | W | 17 1041 | | | |
| | | C Pri | | DUE TO, OI | R AS A CONS | SEQUENCE OF | TIC EMTE | 1/ | PALLETON | ONIA | | |
| | | Conditions, if ony, gove rise to imm | nediote |) (b)_ | - | Ser | 110017 | 7/ | 170001 | 701412 | | |
| | | couse to), stotin underlying couse | | DUE TO, OI | R AS A CONS | CA+ R | INK RE | EN# | AL FA | LURE | | |
| | × | PART 2 OTHER SIGN | VIFICANT (| CONDITIONS CO | ONTRIBUTING | G TO DEATH BUT | NOT RELATED TO THE | TERMI | NAL DISEASE OR CO | ONDITION G | IVEN IN PART 1: | 0 |
| | NO. | | | | | | | | | | | |
| 1 | CERTIFICATION | 190 DATE OF OPERA | TION | 196 CONDI | TION FOR W | HICH OPERATIO | N WAS PERFORMED | | 200 AUTOPSY? | IN CERT | ES, WERE FINDI IFYING CAUSES YES [] | |
| 7 | CER | 210. ACCIDENT WAS UND | | 216. TIME O | | DAY VEAD | 21c HOW INJURY OF | CCURRE | ED (ENTER NATURE OF I | NJURY IN ITEM 18 | PART OR PART 2) | |
| 1 | CAL | OR CONTRIBUTING | | ALIT . | | DAY YEAR | | | | | | |
| | MEDICAL | 21d INJURY OCCUR | RED | 21e PLACE | | FFICE, FARM, ETC.) | 211 LOCATION | | CITY OF | TOWN | COUNTY | STATE |
| | 2 | AT WORK NOT WH | RK | TAN HOME ON | | THEE, TAKIN, CTC) | | | | | | |
| 7 | | 220.1 certify that (1) | | | e deceosed f | | . 19 | | , to | | | that (I) (we) lost |
| Н | М, | | ed olive on | t view the body | olter deoth | | nd that in (my) (our) op | pinion d | leoth occurred on the | dote and ha | | |
| | | 226. SIGNATURE | - | tra | | | DEGREE ATTENDI | ING IAN | MEDICAL S DIRECTOR PHY | TAFF SICIAN [| 27c. DATE | 4/85 |
| | | 22d. PHYSICIAN'S NA | 0 | | | | 22e ADDRESS M | 1emo | rial Hosp | ital M | edical 1 | Building |
| | | Dr. N. Ra | | | | | | | erland, M | D 2150 | 2 | |
| I | 23a B | SURIAL, CREMATION, SPECIEV) UTial | REMOVAL | | 1005 | | EMETERY OR CREMAT | | 23d. LOCATION | | COUNTY | STATE |
| | | UT1al | | 02-07 | -1985 | Camp Hi | 11 Cemeter | - | Paw Pav | _ | organ | Andrew ! |
| | | NAME | | 1: 0 | ADD | RESS | | FEB | 071985 | AR 256 REGI | MAN DIENE | DVE 7 |
| | U | ames F. Sc | grner | .II. UUMI | Dellau | d. MD 21 | .502 | LLU | | 4 | | |

should be detached far use as with the State Dept. of Health TO FUNERAL DIRECTOR

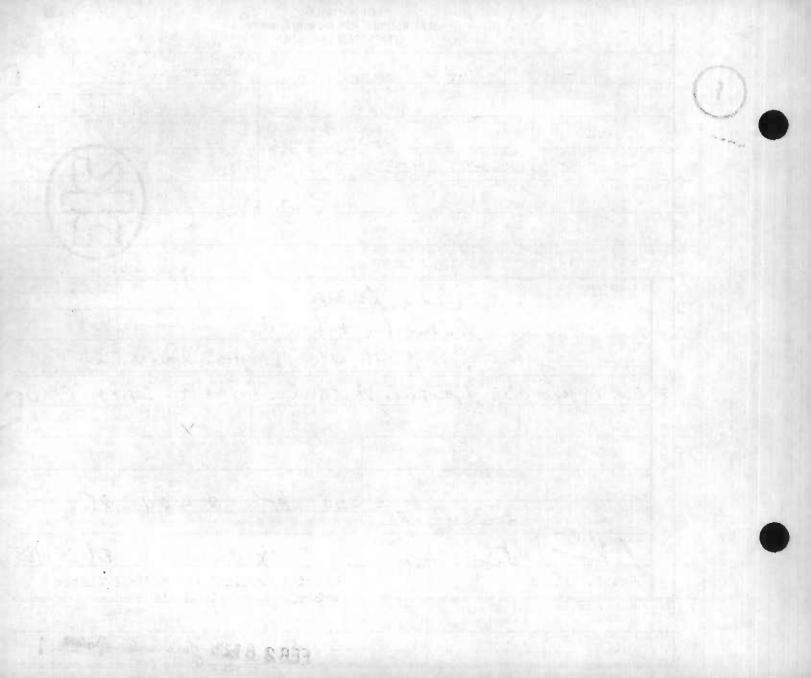
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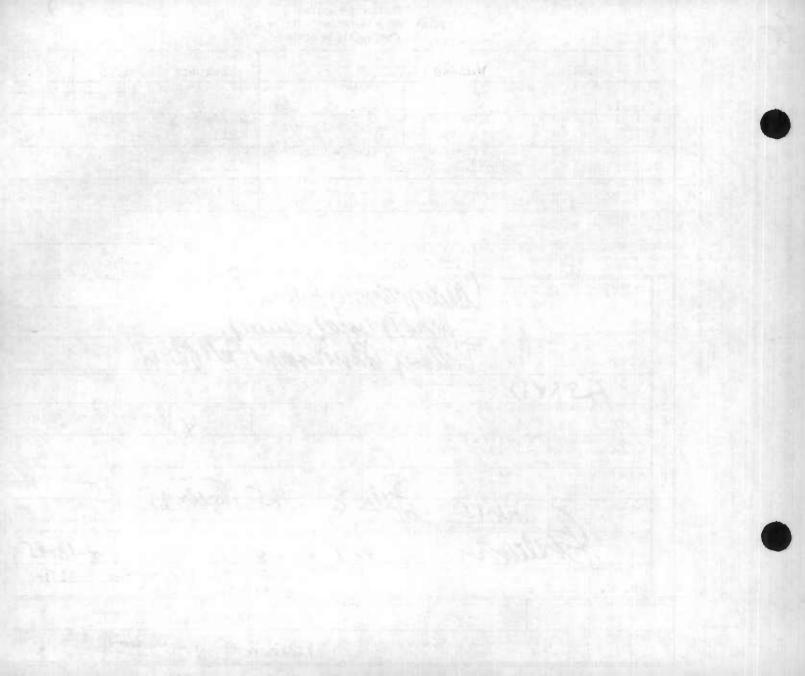
24 FUNERAL DIRECTOR
NAME
James F. Scarpelli, Cumberland, MD 21502

DHMH - 16 60M 7/84 (VRA 15, 4)

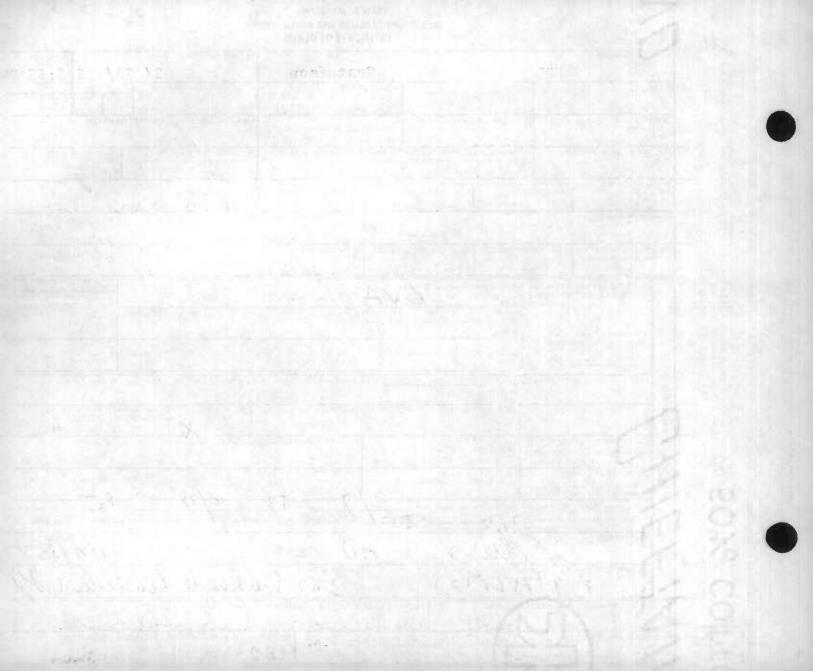


STATE OF MARYLAND

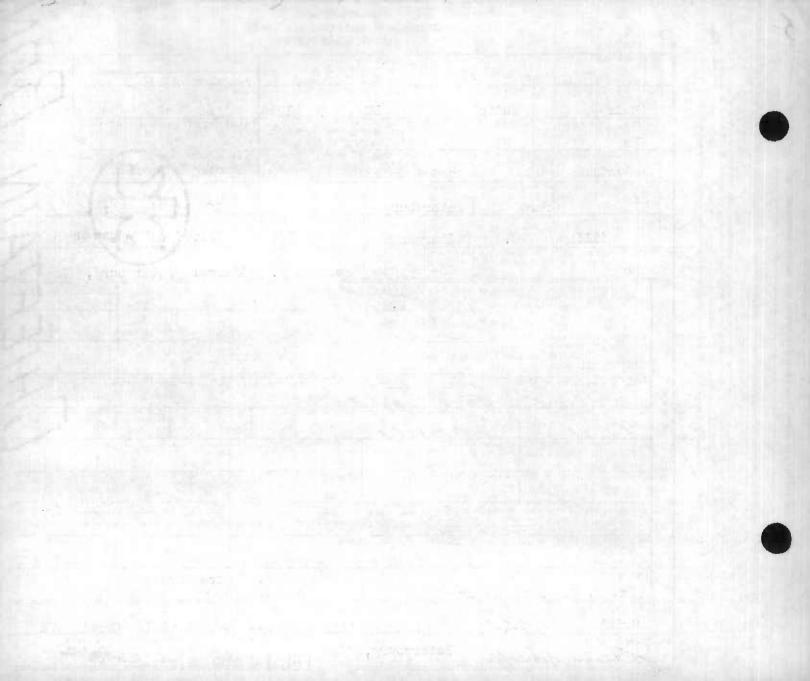




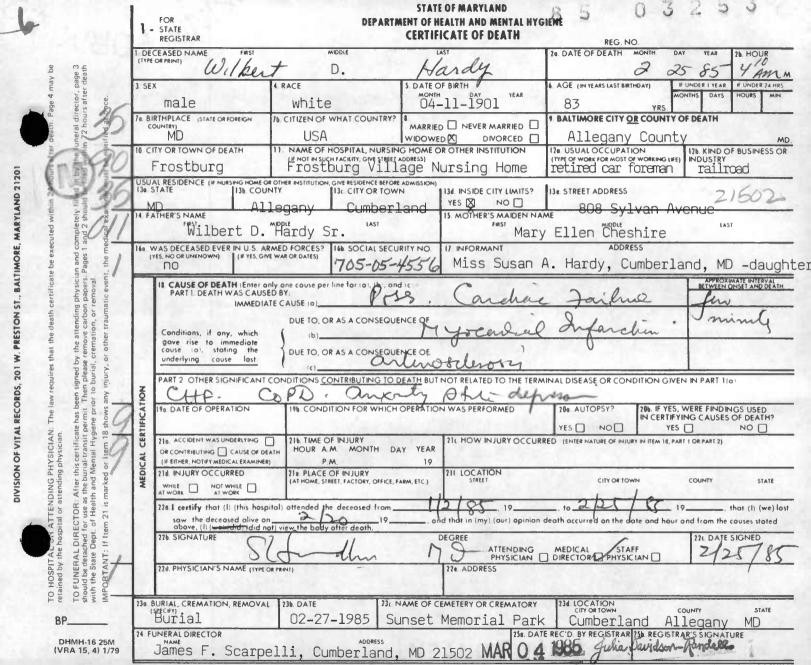
| 1 | 1. | FOR STATE REGISTRAR | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH | | | | | | | | | | | |
|--------------------------------|---------------|---------------------------------------|---|---------------------------------------|-----------------------|------------------|--------------------------|----------------------------|---|------------------|---------------------------------|-----------------------------------|-----------|--|
| 19 | I DE | CEASED NAME FIRST | | WIDDLE | | LAST | | | REG. N | | DAY YEAR 25. HOUR | | | |
| poge 3 | | 00.0016181 | Mary | | | G | ustafson | ľ | a. DAIL OF DEATH | | 4/ 8! | | 55 APM | |
| a p | 3. SE | | • | RACE | LEE | S. DATE C | OF BIRTH | | . AGE (IN YEARS LAST BI | RTHDAY) | IF UNDER 1 YEA | R IF UNDE | R 24 HRS | |
| 5 | | Female | | White | | September 9.1889 | | | 95 | YRS. | ONTHS DAY | S HOURS | MIN. | |
| 200 | | BIRTHPLACE (STATE OR FOREIGN COUNTRY) | | 16. CITIZEN OF WHAT COUNTRY? | | 8. | MARRIED W NEVER MARRIED | | BALTIMORE CITY | OF DEATH | | | | |
| u a | | Maryland | | U.S.A. | | | WIDOWED DIVORCED | | APF | | MD. | | | |
| (4/1) | | CITY OR TOWN OF DEATH | | (IF NOT IN SUCH FACILITY, GIVE STREET | | ADDRESS) | | | (TYPE OF WORK FOR MOST OF WORKING LIFE) | | | 12b. KIND OF BUSINESS OR INDUSTRY | | |
| 9/0 | LISU | Cumberland ALRESIDENCE (# NUR: | ING HOME OF O | Cumber | Rand Nurs | ing H | ome. | | Agent | | Insu | lance | | |
| 1 | 13a. | STATE | 139 COUNT | Υ | 13c. CITY OR TOV | VN . | 138. INSIDE CITY LIMI | | 3e STREET ADDRESS | | | | | |
| 5 | | Maruland ATHER'S NAME | Alleg | any | Cumberla | nd | YES NO NO | | 114 Wilm | ont Au | e. / 1 | 21502 | | |
| 10/ | | Patrick | м | DDLE | Leddu | | Virgi | wia | WIDDLE | | | LAST | | |
| 0 / | | VAS DECEASED EVER | | | 16b. SOCIAL SEC | | 17. INFORMANT | ruu | ADDR | ESS 712 | Kenne White | Augn | 110 | |
| medico | 1 | YES, NO OR UNKNOWN) | (#FYES, GIVE | WAR OR DATES) | 214-74-8 | 174 | Mrs. James | x Kir | | | erland | | u.c | |
| t, the | | 18 CAUSE OF DEAT | | | line for (a), (b), or | dic. | | | | | | DXIMATE INTI | D DEATH | |
| even | | PART I. DE ATH V | IMMEDIATE | | L | VA | • - | | | | | | | |
| ofic of | | | | DUE TO, C | R AS A CONSEOU | ENCE OF | | | | | | | | |
| roun | | Conditions, if any | | (b) | | | | | | | | | | |
| hert | | couse (a), statis | ng the | DUE TO, O | R AS A CONSEOU | ENCE OF | | | | | | | | |
| or of | | | | ((c) | | | | | | | | | | |
| io bo | Z | PART 2. OTHER SIG | NIFICANT CO | ONDITIONS C | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE | IE TERMIN | IAL DISEASE OR CON | ADITION GIVI | N IN PART | 110. | | |
| ou V | CERTIFICATION | 190 DATE OF OPERATION | | 196. CONDITION FOR WHICH OPERATION WA | | | N WAS PERFORMED | WAS PERFORMED 20a AUTOPSY? | | 20b. IF YES | 206. IF YES, WERE FINDINGS USED | | | |
| 30 | E | | | | | | | | YES NO | | TIFYING CAUSES OF DEATH? YES NO | | | |
| 18 5 | Ü | 21a. ACCIDENT WAS UN | | 21b. TIME C | FINJURY M. MONTH D | AY YEAR | 21c. HOW INJURY O | OCCURRE | D CENTER NATURE OF INJ | URY IN ITEM 18 P | ART 1 OR PART 2 |) | | |
| Mentol Hy or Item 18 | MEDICAL | OR CONTRIBUTING [| | | М. | 19 | | | | | | | | |
| N P | AED! | 21d. INJURY OCCUR | | | OF INJURY | FARM, ETC 1 | 211 LOCATION STREET | | CITY OR TO | OWN | COUNTY | | STATE | |
| rked | 1 | AT WORK NOT WE | HILE | | | 0 | 10 | Ka | - by | | 0- | _ | | |
| deolis m | | 22a.1 certify that (I | |) ottended th | ne deceosed from. | - 4 | , 19 | 0 3 | , 10 - 4/2/ | | 9 4 | ., thot (I) | (we) lost | |
| of 1. | | sow the deceas above, (I) (we) (| ed alive on _ did) (did not) | view the body | ofter death/ | F5-1 | nd that in (my) (our) of | pinion de | oth occurred on the c | late and hour | ond from th | ne couses s | toted | |
| Dept. | 1 | 22b. SIGNATURE | 06 | 10,, | 1.0/ | | DEGREE | | | | 224 DA | TE SIGNED | 2 | |
| 45 | 133 | | 110 | ull | CVV | | 17) ATTEND | IAN | MEDICAL STA | | 193 | S/ 12 | 2 | |
| the Stote | | 224. PHYSICIAN'S N | AME | 101 | 120 | 15/10 | 220 ADDRESS | 1 | 100 1 | / | 1. 1 | 1 | MI | |
| should be de with the Stote | | 1 | TI | y ci | 10) | | 301. | 200 | cleyst. | un | bevil | hel) | UCA | |
| w > 25 | 23a. | BURIAL, CREMATION, | REMOVAL | 576 | | | EMETERY OR CREMAT | | 23d. LOCA ION CITY OR TOWN | | COUNTY | | STATE | |
| | | Burial | | 2-26-8 | | | el Cemetery | | Cumberlan | | | | | |
| 50M 4/82 | 100 | | | | rch Funer | | ne, r.A. | | REC'D. BY REGISTRAF | | | | | |
| 4) | | 202 Greene | Stree | t-Cumb | erland, N | d. 2 | 1502 | EB 2 | 3 8 1985 | | ly- | mala ca | | |

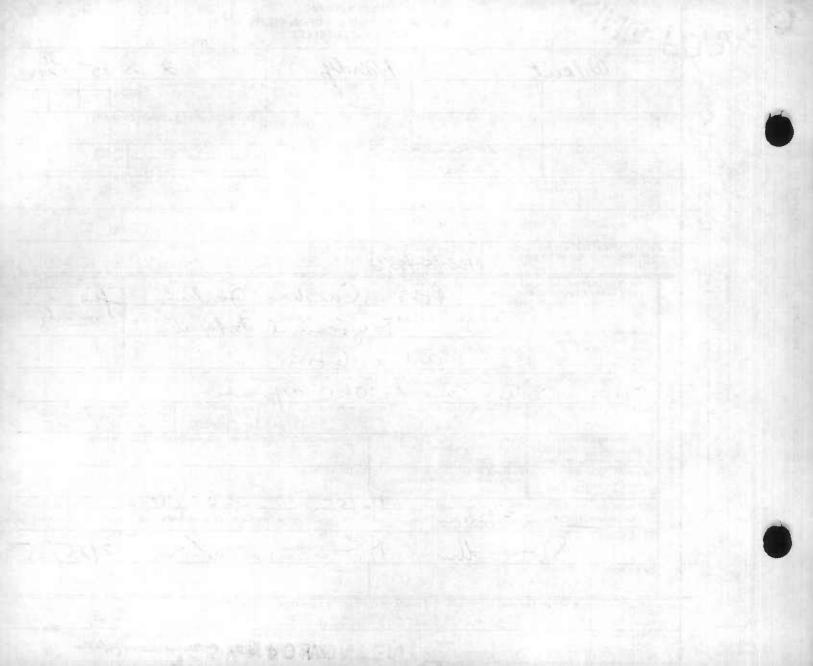


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENI - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME GEORGE HALTERMAN February 4. 4 RACE 5. DATE OF BIRTH IF UNDER ! YEAR 3 SEX MONTH White? Male 1918 BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY A STATE OR FOREIGN MARRIED NEVER MARRIED COUNTRY WVa DIVORCED [Allegany WIDOWED O CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY HE NOT IN SUCH FACILITY GIVE STREET ADDRESS) Farmer & Merch Cumberland Memorial Hospital SUAL RESIDENCE (IF NURSING HOW OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 13c. CITY OR TOWN WVa Petersburg YESXX NOF 126 Mt View Stree rant 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lorraine Turner Tda William Halterman 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 235-32-6366 Bernice W. Halterman Petersburg, WVa No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per ling to and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE ID DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (0), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHERS IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG THE EXPORTION FOR WHICH OPERATION WAS PERFORMED 78s AUTOPSYT 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I THE HOW INJURY OCCURRED. CONTRINSITION OF MAJES ACTION IN THAT I CREMET 21. THE ACCEPAT WAS INDERLYING. [71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR DECONTRIBUTING CAUSE OF DEATH OF FITHER SECTION MEDICAL EXAMINERS TH LOCATION 21st PAJURY OCCURRED THE PLACE OF INJURY CVIT OF HOWN COUNTY 57.A16 AT HOME STREET PACTORY OFFICE FARM, ETC I NOT WHILE E 22a. I certify that (1) this haspital) attended the deceased from sow the deceased alive an above (1) (we) (did not) view the body after and that in (my) Dour) opinion death accurred on the date and hour and from the causes stated DEGREE 22c DATE SIGNED ATJENDING MEDICAL STAFF 27d PHYSICIAN'S NAME CTYPE OR P 77# ADDRESS 122 S. Centre Street MPORT Dr. F. W. Miltenberger Cumberland, MD 21502 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial LAhmansville Lahmansville Cemetery 24 FUNERAL DIRECTOR Petersburg, WVa July Davidson-Randall DHMH - 16 60M 7/84 (VRA 15, 4)

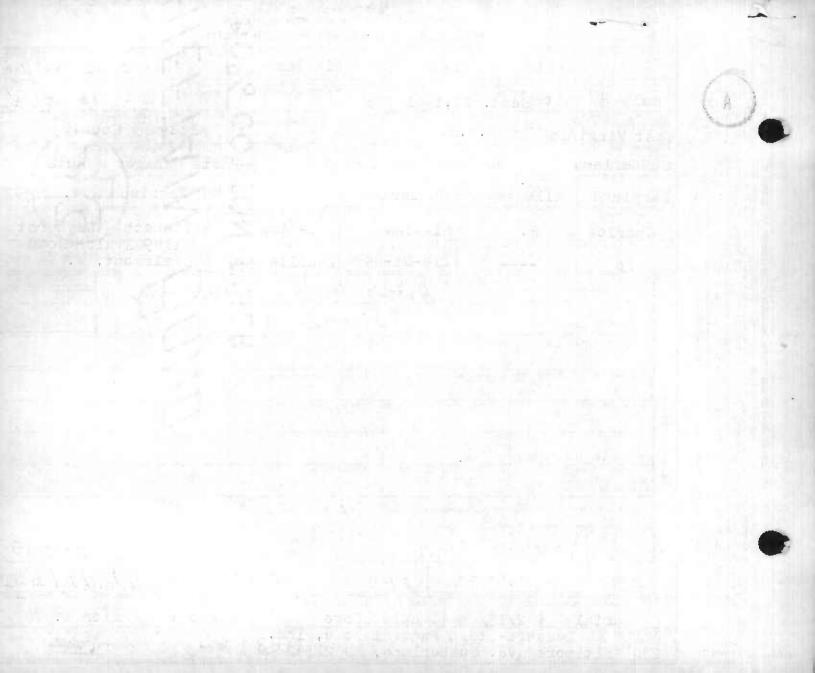


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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 7a DATE KNOWN 26 HOUR (TYPE OR PRINT) ESTI-Higgins Arlie Lee 10 85 DEATH MATED 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY PRONOUNCED Sept. 20,1901 1985 Male White 83 3,50 DEAD 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY) Allegany County U.S.A. West Virginia WIDOWED DIVORCED IR CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY Auto Harrison Street Parts Wahager Cumberland ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Allegany 13d. INSIDE CITY LIMITS? 13. STREETO PRESSAR Ave. 21502 "Cumberland Maryland YES A NO [15. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Elizabeth MIDDLE Hawhurst Higgins Geniza Charles 17. INFORMANT labour Avalon Road 166, SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 214-05-4440 Lucille Fairmont, W. VA Fox CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d).)
PART I DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Cardiovascula: IMMEDIATE CAUSE (a) is case. Canditians, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF USED AS A BURIAL-OF HEALTH AND MEN lying couse last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 [6] CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, YES 🗍 ARDED TO THE CH GE 3 SHOULD BE U TE DEPARTMENT O NO T 21a, EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f LOCATION 21d INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET STATE CITY OR TOWN COUNTY WHILE AT WORK CE 4 SHOULD BE FOR FUNERAL DIRECTOR: TREETH WITH THE S 22a I certify that I took charge of the remains described above, held an Autopsy and in my apinion death resulted from Natural couses Suicide Homicide Undetermined manner TITLE (SPECIFY) ACTUAL AFTER DEATH BALTIMORE, I SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME N O 230. BURIAL, CREMATION, REMOVAL 23d. LOCATION Marion Fairmont Maple Grove Burial BP ATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Leasure-Stein Funeral Home, **DHMH-17** Baltimore Ave. Cumberland, MD (VR A15 ME (5)) 15M 2/80

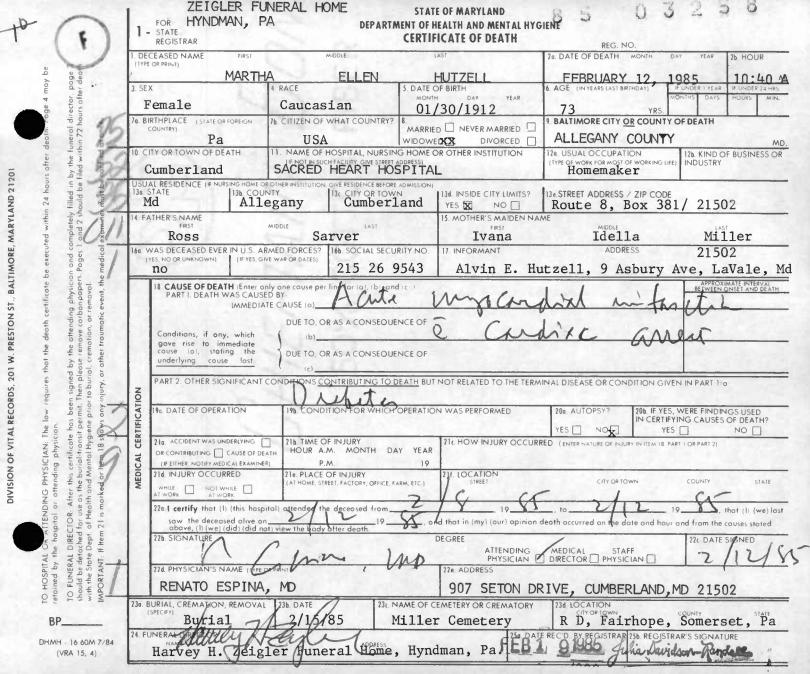


| 10 | 1- | FOR STATE REGISTRAR | DEPART | STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH | GIERE 5 O | 3 2 5 3 |
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| , m = | | CEASED NAME FIRST OR PRINT) | Robert | IAST | 20. DATE OF DEATH MO | 1 5 5 110 |
| oy be deoth deoth | | John | | Holmes | 77 | 8 701 |
| ge 4 may ctor, poor | 3. SE | NALE | 4. RACE Black | 5. DATE OF BIRTH MONTH DAY 1899 | 6. AGE (IN YEARS LAST BIRTHD) | YRS. IF UNDER 1 YEAR # UNDER 24 HRS. MONTHS DAYS HOURS MIN. |
| and Simon Si | | PHELICH STE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | MARRIED NEVER MARRIED WIDOWED DIVORCED | Allegany | |
| of with the fact of | | mb. mg. | 11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREET ACNH FURN | NG HOME OR OTHER INSTITUTION | 120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WI Railroad | 12h KIND OF BUSINESS OR |
| 24 hour | 13a S | AL RESIDENCE (IF NURSING HOMEO STATE 136 COU 1 ryland All | OTHER INSTITUTION, GIVE RESIDENCE BEFOR | E ADMISSION) /N 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZI 309 Maryla | P CODE and Ave. 21502 |
| mpletel and 2 st | 14 FA | ATHER'S NAME FIRST U | MIDDLE LAST | 15. MOTHER'S MAIDEN NA First Lula | MIDDLE | Doleman |
| n and co Pages 1 | | VAS DECEASED EVER IN U.S. AF YES, NO OR UNKNOWN) (IF YES, GI | MED FORCES? 16b. SOCIAL SECTION (MEDICAL | | 7019 Holmes Pit | Upland Street ttsburgh, Penna. |
| hat the death certificate by the attending physic ase remove carbon pape il, cremation, or removal or other traumatic event, it | | | DUE TO, OR AS A CONSEQUE | ENCE OF | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| low requires to the second sec | CERTIFICATION | PART 2 OTHER SIGNIFICANT COMPANY 19a DATE OF OPERATION | Her Faile | DEATH BUT NOT RELATED TO THE TERM D. Mully TO OPERATION WAS PERFORMED | 20a AUTOPSY? 2 | Ob. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? |
| HYSICIAN: The ding physician is certificate ho bentiel-transit phonoin-transit property of them 18 shown in the shown in | | 218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [IF EITHER, NOTIFY MEDICAL EXAMINE | | AY YEAR 19 | YES NO | YES NO HIEM 18 PART I ORPART 2) |
| ING PHYS | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, | | CITY OR TOWN | COUNTY STATE |
| ATTEND ospital o ospital of ECTOR: A far use of Heal is m | | | atol) attended the deceased from 19. | , ond that in (my) (our) opinion | death occurred on the date | ond hour and from the couses stated |
| TO HOSPITAL OR AT retained by the hosp TO FUNERAL DIRECT should be detached for with the Store Dept. or IMPORTANT: if them 5 | | 228. PHYSICIAN'S NAME (TYPE | 08 PRINTS 125 PA | ATTENDING | MEDICAL STAFF DIRECTOR PHYSICIAN | - 12 - 2- |
| BP | 23a | BURIAL, CREMATION, REMOVAL | 23b. DATE 23c | NAME OF CEMETERY OR CREMATORY Odlawn Cemetery | | nd Allegany MI |
| DHMH - 16 50M 4/83 (VRA 15, 4) | | UNERAL DIRECTOR Leasu | re-Stein Fune | | TE REC'D. BY REGISTRAR 256 | REGISTRAR'S SIGNATURE |

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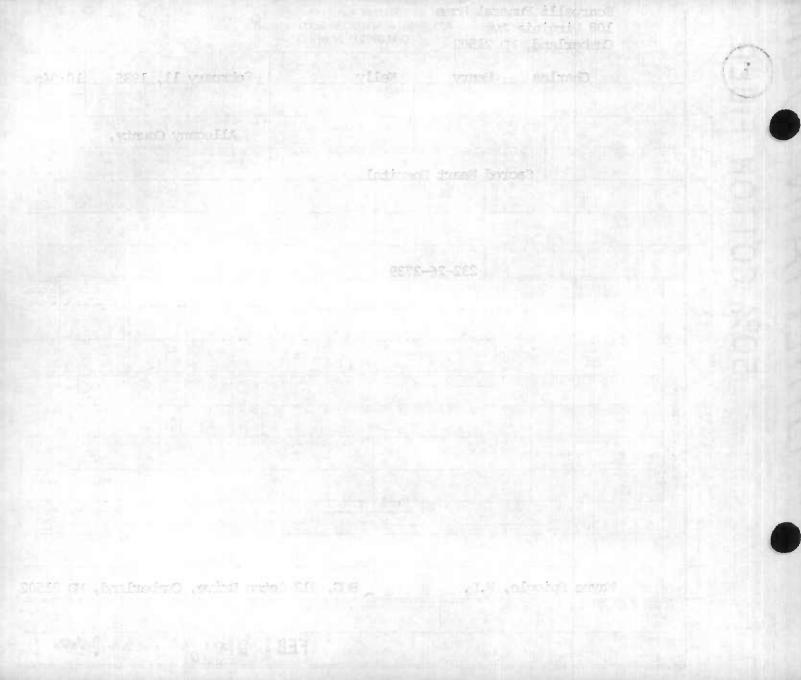
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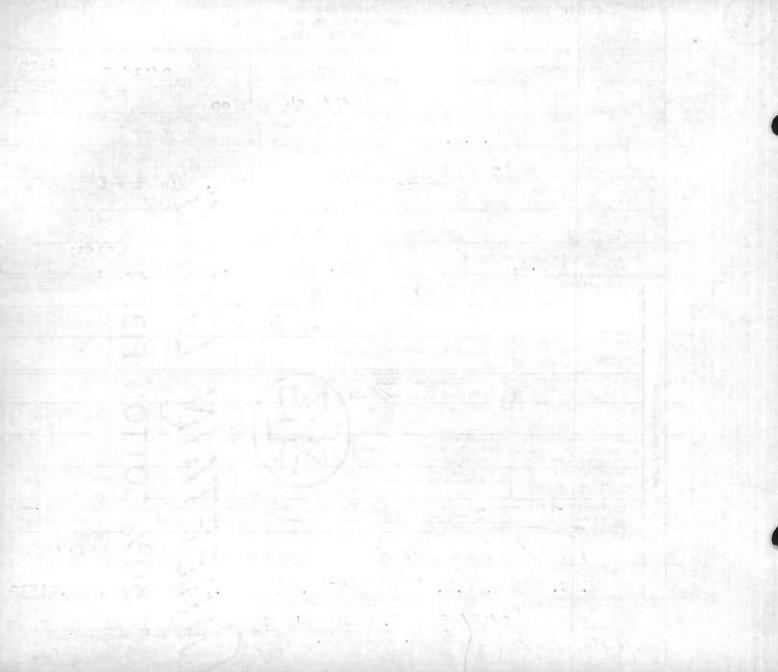
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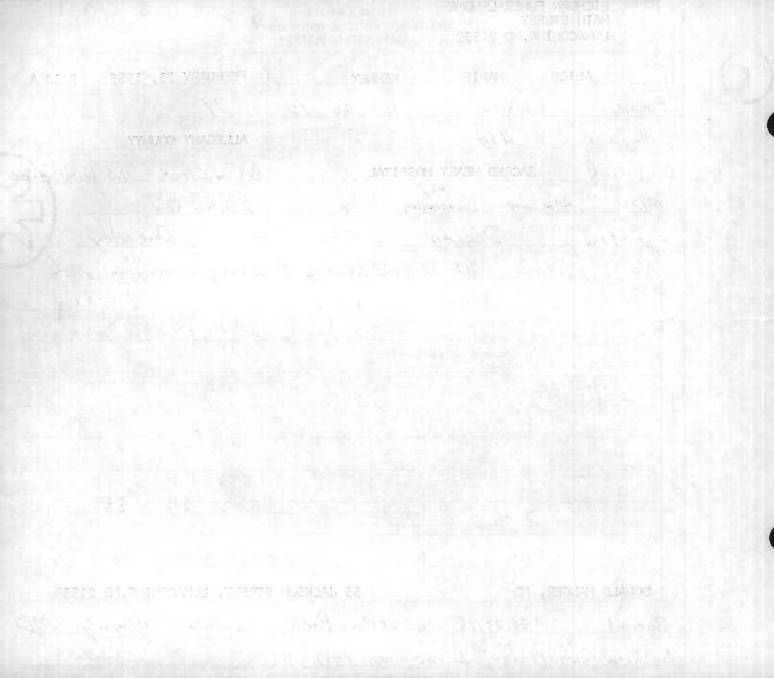
| TTYP | ECEASED NAME FIRST | WIDDLE | LAST | 20. DATE OF DEATH MONTH | DAY YEAR 26. HOUR | | | | | | |
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| | Char: | THE RESERVE OF THE PERSON NAMED IN COLUMN 1 | Kelly | February 11. | 1985 10:04r | | | | | | |
| 3 SE | | 4 RACE | 5. DATE OF BIRTH MONTH DAY YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) | MONTHS DAYS HOURS MI | | | | | | |
| 1 | male | white | 02-09-1920 YEAR | 65 YR | RS. | | | | | | |
| /o B | SIRTHPLACE (STATE OR FOREIGN COUNTRY) | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED | BALTIMORE CITY OR COU | | | | | | | |
| 10 0 | TITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NU | URSING HOME OR OTHER INSTITUTION STREET ADDRESS) | 120 USUAL OCCUPATION | 126. KIND OF BUSINESS (| | | | | | |
| | Cumberland | Sacred Heart | Hospital | retired report | ter Newspaper | | | | | | |
| 130. | STATE 13b CO | | | 130 STREET ADDRESS / ZIP CO | Avenue/21502 | | | | | | |
| | William | | FIRST | May Bell | LAST | | | | | | |
| | | GIVE WAR OR DATES) | SECURITY NO. 17 INFORMANT | ADDRESS | | | | | | | |
| H | yes WW | | | ine R. Kelly, Cu | umberland, MD - APPROXIMATE INTERVAL BETWEEN ONSET AND DEAL | | | | | | |
| 10 | PART I. DEATH WAS CAU | | Dall Dans. | white and | BETWEEN ONSET AND DEAT | | | | | | |
| | IMMEDIATE CAUSE (D) CONTROL CO | | | | | | | | | | |
| 1 | Conditions, if pny, which (1b) 4 4 7 M | | | | | | | | | | |
| | gove rise to immediate | 7 | | | | | | | | | |
| | couse (D), stoting the underlying couse tost. | DUE TO OR AS A CONS | EDITATEOF . | mocaldit | 0 500 | | | | | | |
| NO | couse (D), stating the underlying couse fost. | (10) Pa | ECHENICOF . GOODEATH BUT NOT RELATED TO THE TERM | MINA) DISEASE OR CONDITION | I GIVEN IN PART 1(0) | | | | | | |
| FICATION | couse (D), stating the underlying couse fost. | IT CONDITIONS CONTRIBUTING | Micous M | 20a AUTOPSY? 20b. IF | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? | | | | | | |
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| AL CERTIFICATION | PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | 19b. CONDITION FOR WI | TO DEATH BUT NOT RELATED TO THE TERM HICH OPERATION WAS PERFORMED DAY YEAR 216 HOW INJURY OCCUR | 20a AUTOPSY? 20b. IF | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | |
| | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING | 19b. CONDITION S CONTRIBUTING 19b. CONDITION FOR WI 19b. TIME OF INJURY HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY | DAY YEAR 19 211 LOCATION | 200. AUTOPSY? 206. IF IN CE | F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO | | | | | | |
| MEDICAL CERTIFICATION | PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAMI | 19b. CONDITION FOR WI 19b. TIME OF INJURY HOUR A.M. MONTH P.M. | DAY YEAR 19 211 LOCATION | 20a AUTOPSY? 20b. IF IN CE | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO | | | | | | |
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| | PART 2 OTHER SIGNIFICAN 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CHEER NOTIFY MEDICAL EXAMI 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMI | 19b. CONDITIONS CONTRIBUTING 19b. CONDITION FOR WI 21b. TIME OF INJURY HOUR A.M. MONTH INER) 21e PLACE OF INJURY (AT HOME STREET FACTORY, OF | DAY YEAR 19 211 LOCATION STREET 19 19 | 200. AUTOPSY? 206. IF IN CE | FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO COUNTY STATE (1, 19, 1), that (1) (we) | | | | | | |
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| 21 () | | FOR | one 2/27/85 da DEPA | d STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY | GENE S S S | , 0 0 |
|--|---------------|--|---------------------------------------|--|--|--|
| | | STATE REGISTRAR | | CERTIFICATE OF DEATH | REG. NO. | |
| , m= | | CEASED NAME FIRST OR PRINT] | WIDDLE | LAST | 20. DATE OF DEATH MONTH DAY | 6.20 |
| nay be page 3 | | HETAE | | do be to the of wheat when | 2/13/8 | 7 AM |
| E G G | 3. SE | X | 4 RACE | 5. DATE OF BIRTH MONTH 8/6/1894 | | UNDER 1 YEAR IF UNDER 24 HRS |
| oge . | 1 | FEMALE | WHITE | | 90 yrs. | |
| h. Pg | | RTHPLACE ISTATE OR FOREIGN OUNTRY | 76. CITIZEN OF WHAT COUNT | MARRIED NEVER MARRIED | 9 BALTIMORE CITY OR COUNTY O | FDEATH |
| deat uner | | ARYLAND | U.S.A. | WIDOWED DIVORCED | | MD. |
| d with | 10 € | ITY OR TOWN OF DEATH | (IF NOT IN SUCH FACILITY, GIVE ST | SING HOME OR OTHER INSTITUTION REET ADDRESS) | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) | 12b. KIND OF BUSINESS OR INDUSTRY |
| _ | | ROSTBURG | | IN STREET | HOUSEWIFE | OWN HOME |
| DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BALTIMORE, MARYLAND 2120' NG PHYSICIAN. The low requires that the death certificate be executed within 24 hours oftending physician. Sternificate has been signed by the attending physician and completely filled in by as the buriol-transit permit. Then please remove corbanopers: Page model whould he had mental Hygwere prior to buriol, cremation, ar removal. The date file of the proof of the proof of the proof of the plant of the proof of the plant of the proof of the plant of the plan | 13a S | STATE I I I I I I I I I I I I I I I I I I I | ROTHER INSTITUTION, GIVE RESIDENCE BI | | in Street ADDRESS Street | 34600 |
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| MORE exect | | | /E WAR OR DATES) | | TID . | 21532 |
| JIIM Don or rs. Po | | NO N. | A. | MR. PAT KE | LLY, BORDEN ROA | |
| ificate physici npoper moval. | | 18. CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS | N.A. MR. PAT KELLY, BORDEN RC | BETWEEN ONSET AND DEATH | | |
| ST., | | IMMEDIA | TE CAUSE (o) | 12 TTI DI | | |
| oth o | | THE WAY SEED TO SEE | DUE TO, OR AS A CONSE | QUENCE OF A L | | |
| RES de | | Canditions, if any, which gave rise to immediate | (b) | Cilii. | | |
| W.P | | couse (0), stating the underlying cause last. | DUE TO, OR AS A CONSE | QUENCE OF | | |
| 301 W s that ed by please rrial, cr | | DARLO OTUER CICAUSICALIS | (c) | | | |
| RDS, 3 equires n signe Then p r to bui | Z | PARI 2. OTHER SIGNIFICANT | CONGRESS CONTRIBUTING | TO DEATH BUT NOT RELATED TO THE TER | MINAL DISEASE OR CONDITION GIVEN | IN PART 1(a) |
| been re | ¥ ¥ | 190. DATE OF OPERATION | 19b. CONDITION FOR WH | CH OPERATION WAS PERFORMED | 20a. AUTOPSY? 20b. IF YES, V | VERE FINDINGS USED |
| NI REI | 문 | | | | | |
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| ON OF VITA ON OF VITA ding physicic is certificate buriol-tronsit Mental Hyge | | OR CONTRIBUTING CAUSE OF DE | | | | |
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| DIVISIO or offendi After this e as the bu | W | WHILE NOT WHILE O | (AT HOME, STREET, FACTORY, OFF | CE, FARM, ETC.) STREET | CITY OR TOWN | COUNTY STATE |
| O O O O E | | | ital) attended the deceased fro | GTO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) A POLITICAL SERVICE OF THE PART 1 (a) PHICH OPERATION WAS PERFORMED 20g. AUTOPSY? YES NO 2 | 85 that (I) (ma) last | |
| TTEN Diracl TOR: For us of He | | saw the deceased alive a | -) / ') | V/~ | n death accurred on the date and hour a | nd from the causes stated |
| | | 22b. SIGNATURE | S . A > | DEGREE | | 221. DATE SIGNED |
| AL O AL O AL O AL D AL D AL D AL D Estoc | | Michie | Tiell 1 | 7 ATTENDING PHYSICIAN | MEDICAL STAFF DIRECTOR PHYSICIAN | 2/14/85 |
| HOSPITAL sined by th FUNERAL suld be deta th the Store | 1 | 224 PHYSICIAN'S NAME (TYPE | OR PRINT) | 22e. ADDRESS | | |
| | | H. C. D | IEHL, M.D. | 95 E. MAI | N ST., FROSTBURG | F. MD. 21532 |
| or o | 23a. I | BURIAL, CREMATION, REMOVAL | | 31. NAME OF CEMETERY OR CREMATORY | 234 LOCATION | DEATH MD. ZIAST HOURS MIN DEATH MD. ZIAST HOURS FROSTBURG APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DEATH NO DEATH ORPART 2 COUNTY STATE MD. 21532 NTY STATE |
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| DHMH-16 60M 1/73 | 24 F | THERESTOR Y | Sources 6 DORES | . MAIN ST. 250 DA | ATE REC'D. BY REGISTRAR 256. REGISTRA | |
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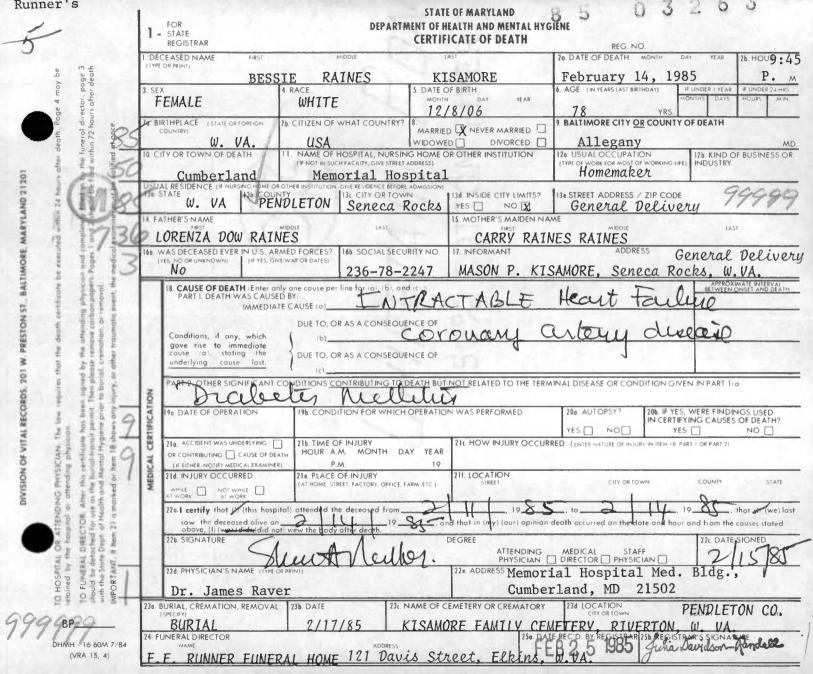


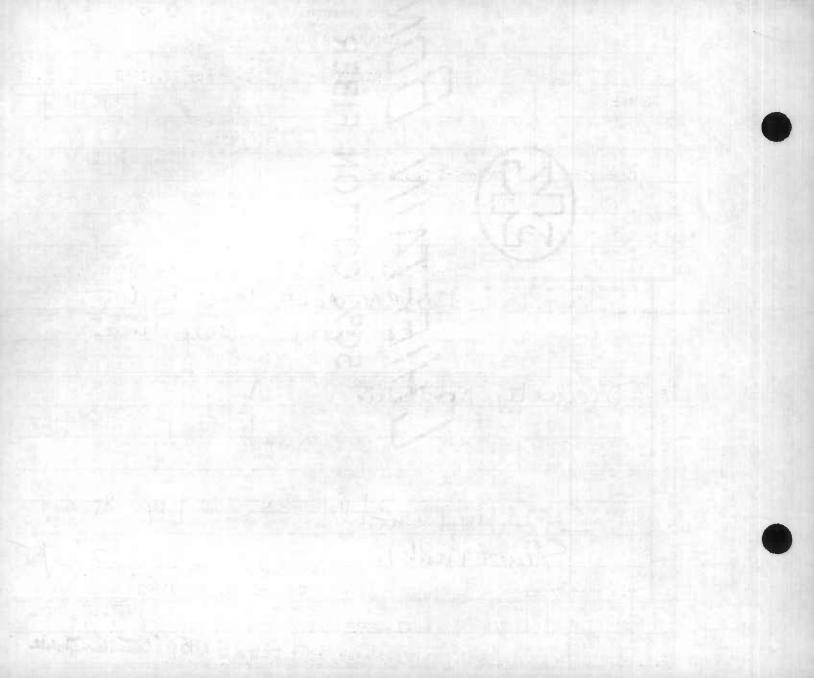
EICHORN FUNERAL HOME



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| 5 | | | STATE REGISTRAR | | | MED | ICAL E | XAMIN | ER'S C | ERTIFI | CATEC | F DEAT | Н | REG. NO |). | | | |
| | | | EASED NAME | FIRST | | | MIDDLE | | | LAST | OT 1 | 20 | DATE K | NOWN E | MONTH | | AR 2b. HOUR | |
| | ES. ET, | (,,,,, | | Lillian | | | ette | K | iddy | | | | DEATH / | WATED | | 21 198 | 5 11:30 | |
| | RECTOR. R FILES. HOURS | 3. SEX | 33-47-1 | RACE | 5. DATE OF | · DAY | YEAR | 6. AGE (IN YE | | | IF UNDER | | DATE | ED | MONTH | DAY Y | EAR 2d. HOU | |
| | SESEN S | | | hite | April | | 1911 | 74 Y | | | | | DEAD | | 2 2 | 198 | | |
| | 機能と | FOR | RTHPLACE (STATE SEIGH COUNTRY) Bryland | OR | **BALTIMORE CITY OR COUNTY?* U.S.A, WIDOWED NEVER MARRIED Allegany County Allegany County NEVER MARRIED NEVER MARRIED Allegany County NEVER MARRIED NEVER MARRIED Allegany County NEVER MARRIED | | | | | | | | ty ME | | | | | |
| | | | onaconin | | II. NAME OF THE BEACH | SUCH FAC | ILITY, GIVE STR | | | | | FORMO | STOF WORKE | ATION (TYPE NG LIFE) | OF WORK | 0R IND | BUSINESS JSTRY | |
| 21201 | AN CONTRACTOR | 13a ST | RESIDENCE (#) ATE ryland | 13b COUN Alle | TY | ITION, GIVI | 13c. CITY C | | | 13d INSIDE | CITY LIMITS? | 13e. STREE Beech | T ADDRES | St. | 21 | 53 | 9 | |
| WD. | 1000 | Jol | THER'S NAME | R. Ki | ddy | | | AST | | Agn | | EN NAME | MID | I | Kiddy | | | |
| BALTIMORE | AFTER LIVE PAGES 11 SION CISION | | AS DECEASED E | | MED FORCES WAR OR DATES) | 5? | | AL SECURIT | | 17 INFOR | | | | ADDRESS | | | | |
| IALT | S AFT GIVE TH F PAGE VISIO | 100 | no | | | | 216-0 | 05-296 | 7 | Mr. | John | Rober | ts . | Pekin | Md. | | | |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST | RIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER NG THE WORD "PENDING" IN PENCIL IN ITEM 1B. GIVE PA DI TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES 19 SPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION RIOR TO BURIAL, CREMATION, OR REMOVAL. | NO | gave rise | if any, which to immediate ating the under- last. | (b) DUE 1 | TO, OR A | AS A CONS | SEQUENCE SEQUENCE | OF OF | | | | | | | | | |
| L RE | LEAM MEAN | PE | 190. DATE OF OI | PERATION | 19b. C | ONDITI | ION FOR W | VHICH OPE | RATIONW | AS PERFO | RMED? | | | | | 2D AUTO | PSY? | |
| ¥ | WORD "F WORD" F HE CHIEF D BE USED ENT OF HI | E | | | | . 8 | | | | | | | | | | YES (| □ NOXIX | |
| ON OF | CERTIFICATE WE WE TING THE WE TO THE SE 3 SHOULD B DEBARTMEN IN PRIOR TO B | MEDICAL CERTIFICATION | 21a. EXTERNAL OUNDERLYING CONTRIBUTING | MOP. | HOU | IME OF JR A.M. P.M. | MONTH | DAY YEA | 21c H | NULNI WC | Y OCCURRE | D (ENTER NA | TURE OF INJU | RY IN ITEM 18 | PART I OR PA | IT 2) | | |
| DIVISIO | NER: THIS CERTIFICATE, WRITING FORWARDED TO TOR: PAGE 3 SHOTHE STATE DEPARED THE STA | MEDIC | 214. INJURY OCC WHILE AT WORK | CURRED | 21e F | | F INJURY DRY, FARM, ETC | (AT HOME, | | CATION | | | CITY OR TOW | И | COL | INTY | STATE | |
| • | SACAL EXAMI E THE CERTIF I SHOULD BE SERAL DIREC DEATH, WITH | | 220. I certify to death resulted ACTUAL SIGNATURE | frag Natu | ge of the remoral courses | d. U | Accident | , Se | Autap | TITLE (| Inspection icide , , , , , , , , , , , , , , , , , , , | Undeter | mined mar | nner | DATE SIGNE | _D _2-21 | . – 85 | |
| | TO MEE A PAGE A | 23 a BI | TYPE OR PRINT | | - | via St | | AME OF CE | | | | 1224 100 | ATIONI | | | | | |
| 07/84 25M | BP | (5 | Burial JNERAL DIRECTO | - | 2/23/8 | 5 | | k Hill | | | | Lone | coni | | | y Mar | y l'and | |
| | DHMH - 17 (VR A15 ME (5)) | S | als Fune | ral Ser | vice | Wes | tern | port, | Md. | 21562 | | 1 1985 | July | David | bon-R | indelle | | |

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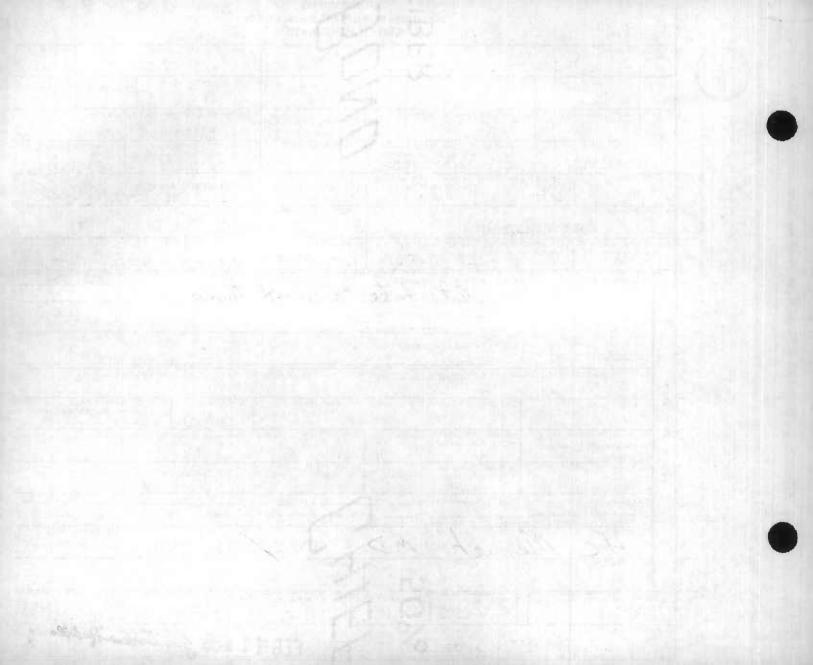
| | | CEASED NAME FIRST | | MIDDLE | LAST | | REG. N 2a. DATE OF DEATH | | YEAR | 26 HOUR |
|--|-----------------------|--|--|---|--|--|---|--|--|--|
| death | (TYP | E OR PRINT) | LPH F | FRANKLIN | LAPP | | FEBRUARY | 18,1985 | | 2:00 P |
| er d | 3. SE | Х | 4. RACE | | 5. DATE OF BIRTH | YEAR | 6 AGE (IN YEARS LAST BI | | UNDER LYEAR | IF UNDER 24 HRS |
| . / | 1 | Male | Whit | te | Feb. 17,194 | 3 | 42 | YRS | THIS DATE | MIN. |
| 1 | | IRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED NEVER A | AARRIED | 9 BALTIMORE CITY 9 ALLEGANY | | FDEATH | M |
| 62 | 1 | ITY OR TOWN OF DEATH Cumberland | SACE | CH FACILITY, GIVE STREET | HOSPITAL | NOITUTION | 120 USUAL OCCUPAT (TYPE OF WORK FOR MOST Shop Forem | TION OF WORKING (IFE) | 126 KIND O INDUSTRY | Garrett Gars Der |
| 豹 | | AL RESIDENCE (IF NURSING HOM STATE 135 CC Maryland Ga | E OR OTHER INSTITUTION DUNTY ITTELT. | GIVE RESIDENCE BEFOR 134. CITY OR TOW Acciden | | ITY LIMITS? | 13e STREET ADDRESS Rt. 2, Box | / ZIP CODE | 215 | |
| O Committee | 14 F | George | MIDDLE | Lapp | Vir | MAIDEN NA/ | WIDDLE | | harp | r |
| 2 medical | | | ARMED FORCES? Give war or dates) Tham | 2204021 | The second secon | | kt. 2, Boxon Accident, M | | 0 | |
| papers. saval. ent, the | | 18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU | r anly ane cause pe USED BY: DIATE CAUSE (a) | HCSSIV | | CVI | 4 | | BETWEEN | MATE INTERVAL ONSET AND DEATH |
| r fraum | | Conditions, if any, which gave rise to immediate | (b)_ | (4-9 | pertense | one | 1 (3) | | | |
| ir ta burial, crema injury, ar ather tr | NOI | | (c)_ | DR AS A CONSEQU | | | INAL DISEASE OR COM | NDITION GIVEN | IN PART 110 | 0 |
| any injury, ar other tr | TIFICATION | gove rise to immediate couse (a), storing the underlying couse lost. PART 2 OTHER SIGNIFICAN 119a DATE OF OPERATION | (c) NT CONDITIONS C | ONTRIBUTING TO | DEATH BUT NOT RELATED | TO THE TERM | 20a AUTOPSY? YES NO | 20b. IF YES, V IN CERTIFYII YES | VERE FINDING CAUSES | NGS USED |
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|--|-------------------------|---|---|---|--|-----------------------|---------------|-------------------------|--------------------------|---|--------------------------|------------------------|----------------------|--|
| 1 | 1. DECEASI | D NAME FIRST | OSEPH | MIDDLE C. | EXAMIN | L | AST YMAN | CATEOF | 20. D/ | REG ATE KNOWN OF ESTI- ATH MATED | | DAY 16 | YEAR 19 85 | NEAR 24 HOUR SE 24 HOUR SE 12:54A TH MD. OF BUSINESS DUSTRY AND SE AND DEATH MD. 21503 XMALE INTERVAL ONSET AND DEATH |
| ASSESS AND | MALE | CAUS. | Mar. 2, | Mar. 2, 1911 | | ARS IF UND AY) MONTHS | DER 1 YR. | IF UNDER 24 | PRON | DATE OUNCED DEAD | MONTH 2 | 16 | YEAR 1985 | 17140 |
| A SECOND | Mar | ACE (STATE OR COUNTRY) yland | 76. CITIZEN OF | Α. | | WIDOWE | D | VER MARRIED DIVORCED | | ALLEGA | JNTY | | | |
| STATE OF THE STATE | CUM | BERLAND | (IF NOT IN SUCI | 11. NAME OF HOSPITAL, NURSING HOME, OR OTH (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospita. | | | R INSTITU | TION 12 | | JAL OCCUPATION (TYPE OF WORK 1 | | | id of Bus INDUSTR | SINESS |
| ANN ANN S | IJa STATE | DENCE (IF IN NURSING HOAD 136 COL | Legany | 13c CITY | e BEFORE ADMISSI Y OR TOWN Stbur | g_ | 13d. INSIDE C | NO 💢 | | DDRESS 1, Box | 82 2 | 1532 | | |
| BALTIMORE, MD S. AFTER DEATH. I GOVE PAGES 1, 2 PAGES 1, WANGE INVISION O'NEA | Eu | gene | WIDDLE | Layma | | | Ne | er's maiden ttie | NAME | WIDDLE | | gan | AST | |
| | (YES, NO, | CAUSE OF DEATH (Enter | IVE WAR OR DATES) | 217 | 7-10-5 | | 17. INFOR | MEMORI. | AL HOS | PITAL NUE - | CUMBE! | | | 21502 |
| DS, 201 W. PRESTON ST RECUTED WITHIN 24 HO GG* IN PENCIL IN ITEM! CAL EXAMINER ALONG BUSINAL TRANSIT PERM AND MENTAL HYGIENS, ATION, OR REMOVAL. | | IMMED Conditions, if ony, whi gove rise to immedia couse (a) stating the <u>und</u> lying couse lost. 2 OTHER SIGNIFICANT CONDITIO | ch of the control of | OR AS A COL | MOSCIE NSEQUENCE ATEO TO THE TERM | OF Q | | Seve | M. | T. | 30450 | | | |
| TITA RECOMPLETE SHOULD BE ENDING MEDIC FLUED AS A LUED A LUED AS A LUED AS A LUED AS A LUED | 19a. | DATE OF OPERATION | 19b CON | IDITION FOR | WHICH OPER | RATION WA | AS PERFOR | RMED? | | | | | UTOPSY? | NO X |
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| MEDICAL EXAMINER: THI CUTE THE CERTIFICATE, W E A SHOUD BE FORWAR FUNERAL DIRECTOR: PA FUNERA | der ACT SIGI | 20. I certify that I took cheth resulted from: | orge of the remains, sturol couses , | Accident | | Autops: | Homi | epuly | Undetermine MEDICAL E | | ond in my of , DATE SIGN | 2 IED | -16- | -85 Nd- |
| BP | 230. BURIAL (SPECIFY | CREMATION, REMOVA Burial AL DIRECTOR | Feb.19! | 100 | ostbu | METERY OF | CREMATO | ORY | 23d LOCATION CITY OR TOV | VN | Mary EGISTRAR'S | unty rlar SIGNAT | Zi ST, | DOZ |
| DHMH - 17 (VR A15 ME (5)) 20M 4/B2 | I | erst Funer | al Hone, | | thurg | , Md | | EB 26 | 1985 | Julan | Savidson- | Rand | 22. | # ! |

LOSEPH D. HANNAL MALE MI CAUS. MAY. 2,1911 73 . A. S. Bullyndi Invigeof fairbreak Swiningship sachalet elijkel OND LITE SON BE LANDS INTER NO SEEDS August Layran Layran Horsan TORTO ON DEALERSHIP CHARLES - CLARENCE NO OTRO Burney at the land of the state of the land of the land Prest I thought been reachbours, id. It I the

STATE OF MARYLAND



- (F)

and all ctor page 3

FOR DEPARTMENT OF HEALTH AI

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

| REGISTRAR | | | | CEKITE | ICATE OF DEATH | REG. N | 0. | | |
|--|-----------------|---------------|-----------------------|--------------|-------------------------------|--------------------------------|-----------------------|--------------------|------------------|
| 1. DECEASED NAME | FIRST | | MIDDLE | ı | AST | 20 DATE OF DEATH | MONTH DA | Y YEAR | 26 HOUR |
| (TIPE OR PRINT) | CHARLE | es G | RIFFITH | LLF | WELLYN | February 2 | 28. 198 | 5 | 8:30 |
| 3 SEX | | RACE | | 5. DATE C | OF BIRTH | 6 AGE (IN YEARS LAST BI | RTHDAY) IF | UNDER 1 YEAR | |
| Male | | Whi | te | AI | ril°2, 1910 | 74 | YRS | ONIHS DATS | HOURS MIN. |
| 70. BIRTHPLACE (STATE | | | WHAT COUNTRY? | 8 AAABBIE | D XIEVER MARRIED | 9 BALTIMORE CITY | R COUNTY C | F DEATH | |
| lua: | ryland | US | A | WIDOWE | | Allegar | ıy | | м |
| 10 CITY OR TOWN OF E | DEATH 1 | | | | OR OTHER INSTITUTION | 12a USUAL OCCUPAT | | | OF BUSINESS OF |
| Cumberland | | Memori | | tal & | Medical Cente | Registi | | INDUSTRY | Election |
| USUAL RESIDENCE (# N 130 STATE Md. | 13b COUNT | Υ | 130. CITY OR TOV | VN | 13d INSIDE CITY LIMITS? | 13e STREET ADDRESS 286 Mary | / ZIP CODE yland A | venue | 5726 |
| 14 FATHER'S NAME | | 1DD1F | LAST | | 15 MOTHER'S MAIDEN NA | ME | | | |
| Leonard | | R. | | ellyn | Elizabe | | | Me | eese |
| 160 WAS DECEASED EV | | | 166 SOCIAL SECT | | 17 INFORMANT | ADDR | ESS Mc C | oole, | Md. |
| (YES, NO OR UNKNOWN) | None | WAR OR DATES) | 219-03-9 | 9056 | Mrs. Charles | G. Llewell | | | |
| 18 CAUSE OF DE PART I. DE ATH | WAS CAUSED | BY: | line for tal, tb, ar | | alasis | | | APPROX 8ET WEEN | ONSET AND DEATH |
| | IMMEDIATE | | | | | | | | 41.0 |
| Conditions, if a | nv which | DUE TO, O | R AS A CONSEOU | oma oma | of Colon. | | | 1000 | |
| gove rise to cause (a), ste | immediate | 101_ | | | 7 | 2 1 16 16 2 | | | |
| underlying co | | DUE TO, O | r as a consequ | JENCE OF | | | | 1000 | |
| PART 2 OTHERS | IGNIFICANT CO | ONDITIONS CO | ONTRIBUTING TO | DEATH BUT | NOT RELATED TO THE TERM | AINAL DISEASE OR CON | DITION GIVE | N IN PART 1 | a |
| | unent | - Ascit | ti. Ca | cho sa | Ca Senso | | | | |
| 19a. DATE OF OPE | | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, | WERE FINDI | NGS USED |
| 19a. DATE OF OPE | | | | | | YES NOT | IN CERTIFYI | | OF DEATH? |
| 210. ACCIDENT WAS | UNDERLYING | 21b. TIME C | | | 21c. HOW INJURY OCCUR | | | | |
| 00 000000000000000000000000000000000000 | | | M. MONTH D | AY YEAR | | | | | |
| 214 INJURY OCC | | 21e. PLACE | OF INJURY | | 211 LOCATION | | | | |
| WHILE NO | WHILE | (AT HOME ST | REET, FACTORY, OFFICE | FARM ETC) | STREET | CITY OR TO |)WN | COUNTY | STATE |
| sow the dece | and allowhood | 2-1 | e deceased from | 24 | nd that in (my) (aur) apınıan | death accurred an the d | ate and hour | and from the | that (I) (we) la |
| 22b, SIGNATURE | I did light out | w the body | after death. | | DEGREE | | | 22c. DATE | |
| THE STOTATIONS | 118- | orner | - M | | | MEDICAL STA | FF CIAN [| 220.000 | JIGITED |
| 22d. PHYSICIAN'S | NAME (TYPE OR | PRINT | | | 22e. ADDRESS | | | OUTED | DENNE |
| N. Sahe | ta, MD | | | | Memorial Hos | p. & Medica | 1 Cente | er Inc | 2 |
| BURIAL, CREMATIC | | 23b. DATE | | | EMETERY OR CREMATORY | 23d LOCATION | | COUNTY_ | |
| Bur | lal | 23/2/ | 85 P | otomac | Memorial Gar | rdens Keyse | er Win | eral | W. Va. |

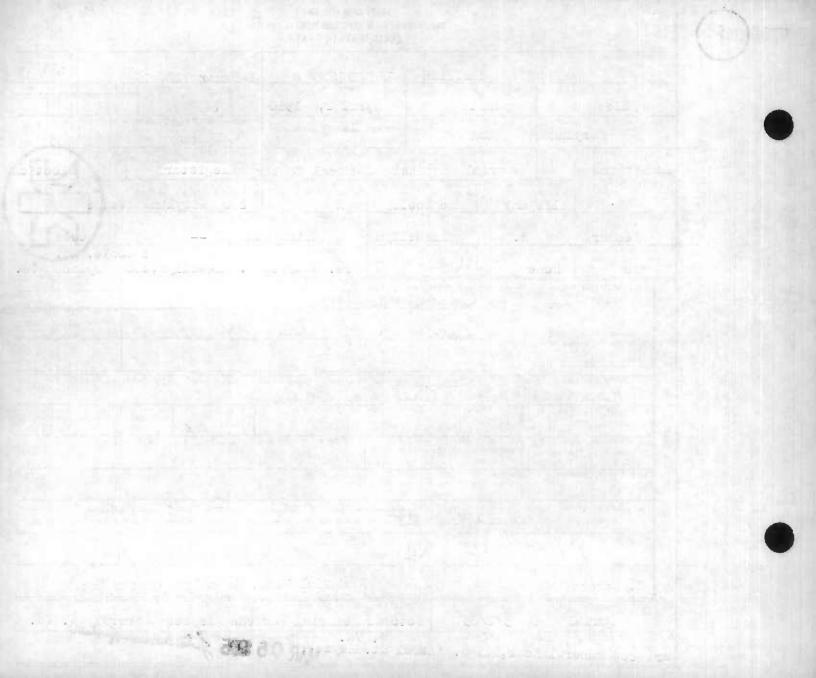
DHMH - 16 60M 7/B4 (VRA 15, 4)

TO HOSPITAL

BP.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending and should be detached far use as the burial-transit permit. Then please remove confirm with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remost.

MPORTANT: If Hem 21 is marked of



STATE OF MARYLAND - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO 20. DATE OF DEATH MONTH MICCLE YEAR 7h HOUR LOGSDON MAE February 18, 1985 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR YEAR 76

BERTHA 4 RACE 3. SEX 08/31/1908 Female Caucasian To BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY?

IISA

MARRIED T NEVER MARRIED WIDOWED [DIVORCED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION

Allegany 17a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

9 BALTIMORE CITY OR COUNTY OF DEATH

12b. KIND OF BUSINESS OR INDUSTRY

Cumber land

II. CITY OR TOWN OF DEATH

Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Hyndman

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13d INSIDE CITY LIMITS? NO X 15 MOTHER'S MAIDEN NAME

13e STREET ADDRESS / ZIP CODE R D 1, Box 467/ 15545

FATHER'S NAME William

REGISTRAR

I. DECEASED NAME

CTYPE OR PRINTS

Pa

13a. STATE Pa

Kirchner 16h SOCIAL SECURITY NO

Martha 17 INFORMANT

Ann

Miller

no

CERTIFICATION

160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATES!

Bedford

182-46-7290 Martha E. Merkel, R D 1, Hyndman, Pa.

ADDRESS

MIDDLE

NO

CITY OF TOWN

B CAUSE OF DEATH (Enter only one cause per lipe for to), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10

DUE TO, OR AS A CONSEQUENCE OF

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 110 Below Knee Hu

Conditions, if ony, which gave rise to immediate cause (a), stating the

underlying cause last

716 TIME OF INJUR 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2

MONTH DAY YEAR

70a AUTOPSY

PHYSICIAN |

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO I YES

COUNTY

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

P.M 21e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

HOUR A.M.

211 LOCATION

STATE

AT WORK NOT WHILE 220.1 certify that (1) (this hospital) oftended the deceased from saw the deceased alive an abave. (I) (we) And Mid not) view the body after death.

.19. So, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated

ATTENDING MEDICAL DIRECTOR PHYSICIAN

22c. DATE SIGNED

22d. PHYSICIAN'S NAME (TYPE OR PHINE) Dr. Saheta

Memorial Hospital Cumberland, Md. 21502 23d. LOCATION

230 BURIAL, CREMATION, REMOVAL Buria

24 FUNERAL

Comps Cemetery

23c NAME OF CEMETERY OR CREMATORY

DEGREE

22e ADDRESS

RD, Hyndman, Somerset, Pa

Harvey H. Zeigler, Myndman, Pa. 15545

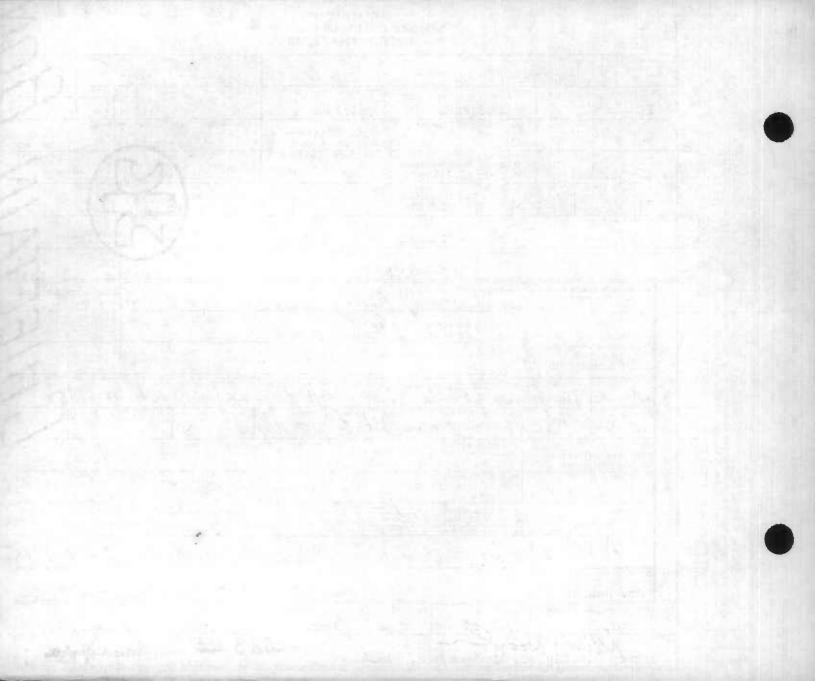
73h DATE

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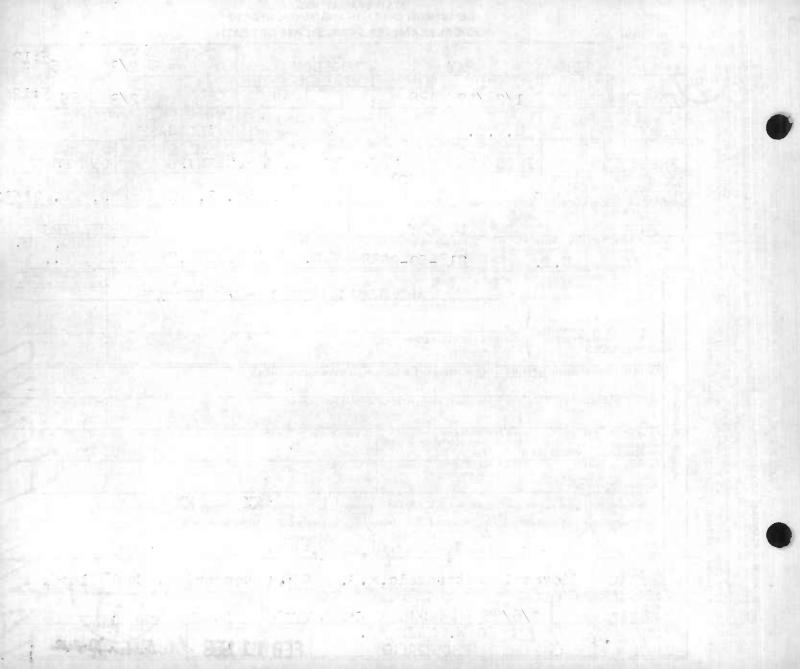
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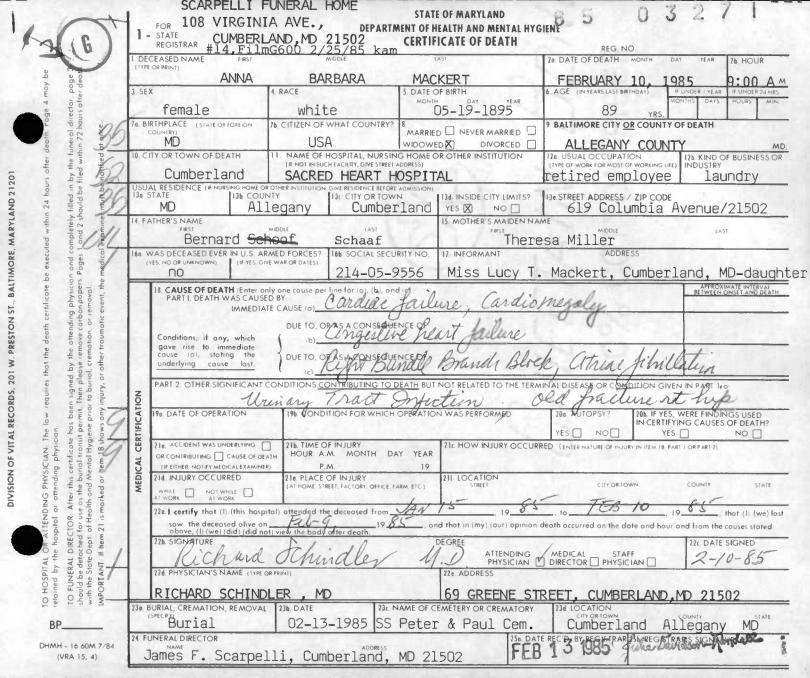
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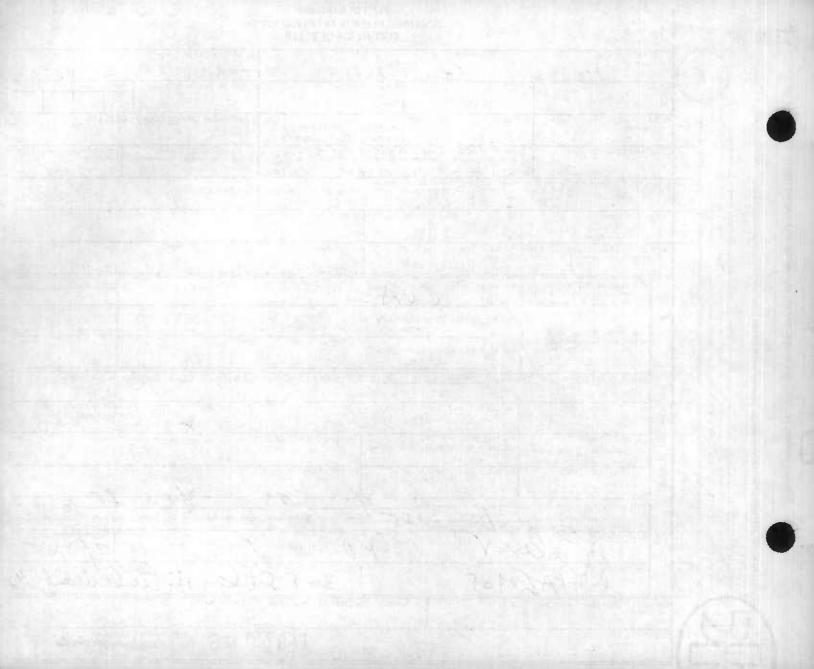


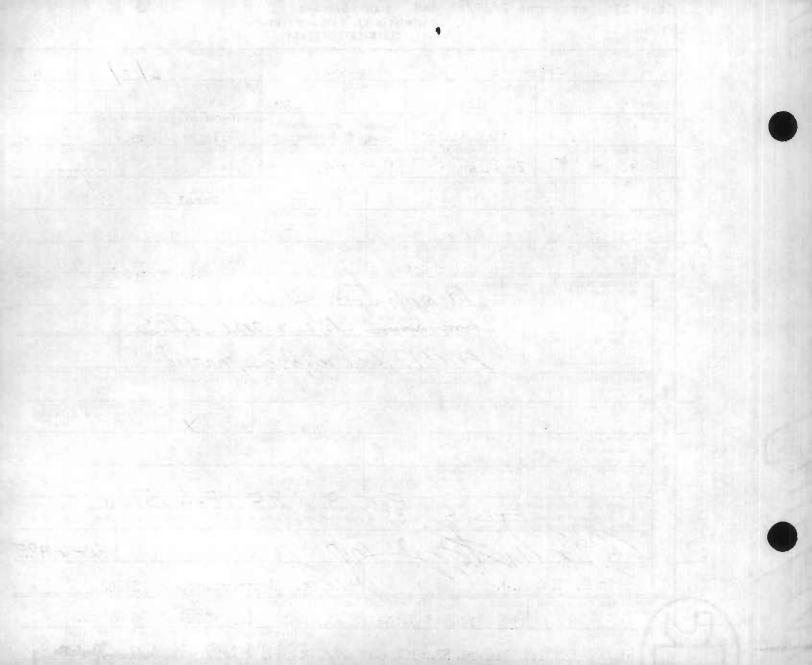
STATE OF MARYLAND





| 7 | 1- | FOR STATE REGISTRAR | DEPAR | | HEALTH AND MENTAL HYC FICATE OF DEATH | REG. NO |). | |
|--|---------------|--|---|-----------------------------|---|------------------------------|--|--|
| 3 A | | CEASED NAME FIRST | WIDDLE | MAA | LAST PLE | 7EB 15 | MONTH DAY YEAR | Zb. HOUR |
| 4 moy | 3. SE | 1 100 100 100 100 | 4. RACE WHITE | | OF BIRTH 1 25 DAY 1909AR | 6. AGE (IN YEARS LAST BIRT | | |
| ath. Pageral dise | 7a. B | RTHPLACE STATE OF FOREIGN COUNTRY) | 76. CITIZEN OF WHAT COUNTRY USA | ? 8 MARRII WIDOW | ED NEVER MARRIED | 9. BALTIMORE CITY OF | R COUNTY OF DEATH | MD. |
| offer de | 10. C | ITY OR TOWN OF DEATH CUMBERLAND | 11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREI WURSING + CONF | ING HOME | OR OTHER INSTITUTION | 120. USUAL OCCUPATION | WORKING LIFE) INDUSTI | OF BUSINESS OR |
| AND 2120 | USU 130 | | OTHER INSTITUTION, GIVE RESIDENCE BEFO | RE ADMISSION) | 10.14 | 13e. STREET ADDRESS | WNFR MOTEL | 21502 |
| completely it ond 2 shu | 14. F/ | ATHER'S NAME | MIDDLE WHITE | | 15. MOTHER'S MAIDEN NA FIRST MINERY | ME | SHOCKEY | LAST |
| be execute on ond ca | | MAS DECEASED EVER IN U.S. AR. YES, NOOR UNKNOWN) (IF YES, GIV | MED FORCES? 166. SOCIAL SEC 214-07-2 | | 17. INFORMANT RONALD MARPLI | ADDRE | SS | D C 20037 |
| 5T., BALTI rifficate b physicial physicial physicial enoval. | | | nly one couse per line for (a), (b), c D 8Y: TE CAUSE (a) | ind (c). | | | | OXIMATE INTERVAL EN ONSET AND DEATH |
| death cert attending ave carbo atian, or re | | Conditions, if any, which | DUE TO, OR AS A CONSEO | JENCE OF | | | | |
| RDS, 201 W. PRESTON equires that the death ce in signed by the attending Then please remave carb to barrol, cremotion, or a injury, or other traumatic | | gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, OR AS A CONSEO | JENCE OF | | | | |
| RDS, 20 equires to signed Then ples to burior injury, or | NO | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DEATH BU | T NOT RELATED TO THE TERA | MINAL DISEASE OR CONE | DITION GIVEN IN PART | 1101 |
| he law re on. | CERTIFICATION | 190, DATE OF OPERATION | 196. CONDITION FOR WHIC | H OPERATIO | ON WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FIN IN CERTIFYING CAUS YES | DINGS USED SES OF DEATH? NO |
| SION OF VITAL R PHYSICIAN: The I ending physicion. this certificate has the buriol-transit pe di Menial Hygiene d or frem 18 shows | | 21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA | HOUR A.M. MONTH | DAY YEAR | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 OR PART | 2) |
| G PHYS attending the bur at the bur and Me hed ar the bur hed at the bur hed at the bur the day the bur the bu | MEDICAL | 21d, INJURY OCCURRED WHILE NOT WHILE AT WORK | 214. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE | | 21f. LOCATION STREET | CITY OR TO | wn county | STATE |
| O O O E | | saw the deceased alive on | ital) attended the deceased from | Dj ? | nd that in (my) (our) opinion | death accurred on the do | te and haur and from t | _, that (I) (we) last the causes stated |
| Che Dep | 0 | 27b. SIGNATURE | und | 1 | DEGREE ATTENDING PHYSICIAN | MEDICAL STAF | 21 | TE SIGNE |
| HOSPIII | | 22d. PHYSIC IAN'S NAME (THE O | ZMos | | 220 ADDRESS | el Deysh. | Conser | Zal, Ka |
| BP Or of w | | BURIAL, CREMATION, REMOVAL ISPECIFY) BURTAL | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OF TOWN | D ALLEGANY | STATE |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24. F | UNERAL DIRECTOR | J FEB 18 1985 H T FUNERAL SERVI | ILLCRI CE CIN | BERLAND MD | 0 1985 | Deviden Han | delle |





FOR - STATE

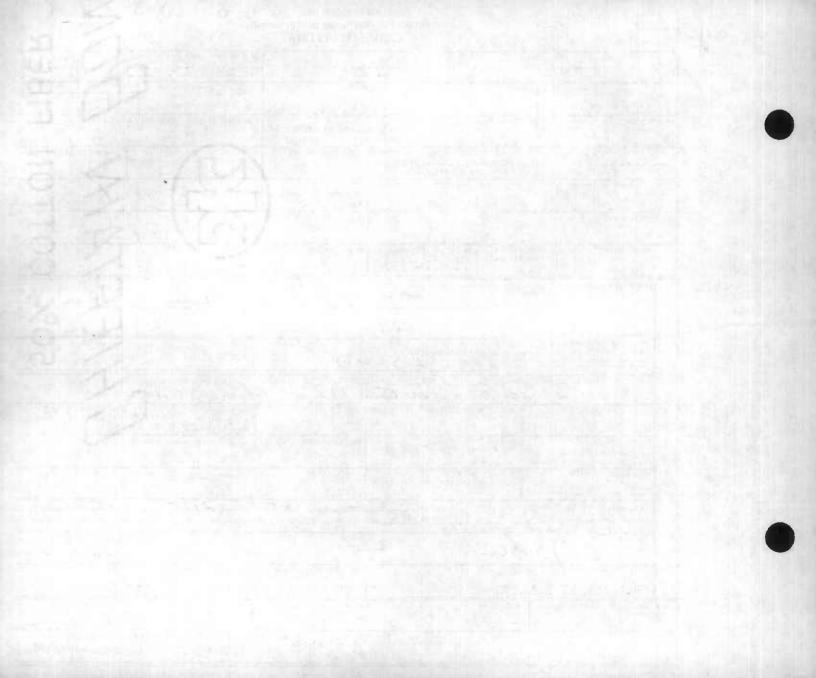
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

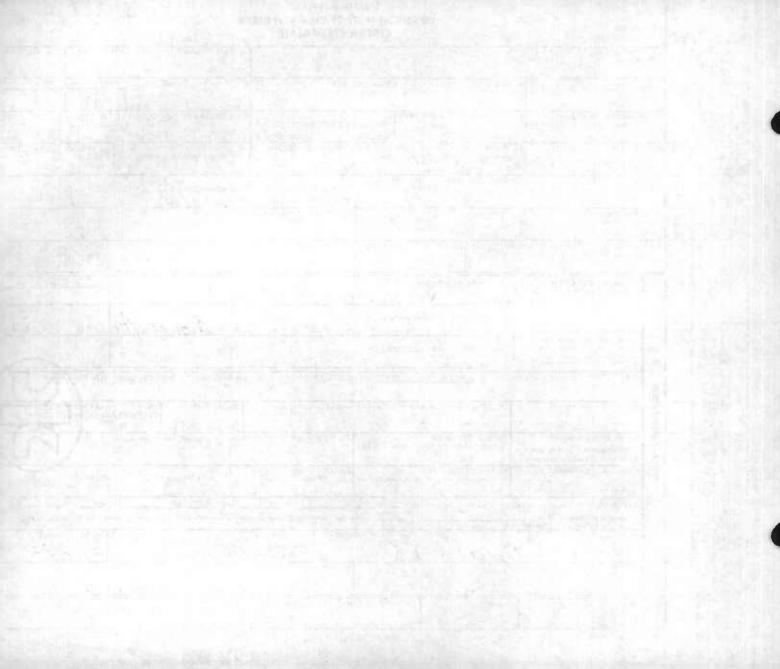
| | REGISTRAR | | CERT | IIICAIL OI DEATH | REG. NO. | |
|---------------|---|--------------------|----------------------------------|------------------------------------|--|---|
| | ECEASED NAME FIRST | M | IDDLE | LAST | 20 DATE OF DEATH MONTH | DAY YEAR 25 HOUR 40A |
| LIVE | PE OR PRINT) VICTORIA | A A | A MEX | YERS | FEBRUARY 15, 198 | 35 12:40A |
| 3 SE | EX | 4 RACE | | E OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR IF UNDER 24 HRS |
| F | emale | White. | | ruary 23.1901 | 83 YRS. | MONTHS DATS HOURS MIN. |
| 7a B | BIRTHPLACE (STATE OR FOREIGN | | VHAT COUNTRY? | | 9 BALTIMORE CITY OR COUNT | Y OF DEATH |
| | enns ul vania | U.S.A. | | RIED NEVER MARRIED WEDNED DIVORCED | 100000 | 40. |
| | CITY OR TOWN OF DEATH | | | E OR OTHER INSTITUTION | Allega | 126 KIND OF BUSINESS OR |
| VCI | UMBERLAND | MEMOR TAT | L HOSPITAL | | (TYPE OF WORK FOR MOST OF WORKING | |
| dst | JAL RESIDENCE (IF NURSING HOME OF | OTHER INSTITUTION | | N) | HOmemaker | Home |
| 13a. | STATE 131 COU | NTY | 13c CITY OR TOWN | 13d. INSIDE CITY LIMITS? | 13e STREET ADDRESS / ZIP COD | - / / / / / |
| | est Va. Mine | eral | Ridgeley | 15. MOTHER'S MAIDEN NA | 53-A Blocker: | St. / 28753 |
| gr | FIRST | WIDDIE | LAST | FIRST | WIDDIE | LAST |
| / | David | C. | Peck | Amanda | ADDRESS | Miller |
| | WAS DECEASED EVER IN U.S. AF | VE WAR OR DATES) | 166 SOCIAL SECURITY NO |). 17 INFORMANT | ADDRESS | |
| | No | - | 220-07-6439 | Grace Kendall | (Sister) Tephyrl | hills, Florida |
| | 18 CAUSE OF DEATH (Enter of | nly ane cause per | line far iai, (b), and ici.i | | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSE | TE CAUSE (a) | CITT | 6 pulmy | my eller | 18hr |
| | State Francisco | DUE TO, OR | AS A CONSEQUENCE OF | | | 1000 |
| | Canditians, if any, which | (b) | | | | 1 wh |
| | gave rise to immediate cause (a), stating the | DUE TO OR | AS A CONSEQUENCE OF | | Family St. Phys. 5 | 7 |
| | underlying cause last. | DOE TO, OR | A-S | UD | | 1 10 |
| | PART 2 OTHER SIGNIFICANT | CONDITIONS CO | NTRIBUTING TO DEATH B | UT NOT RELATED TO THE TERM | MINAL DISEASE OR CONDITION G | IVEN IN PART 1:0 |
| 20 | 2 | recent | addition | mel MILLS | Chrome (41 | |
| 7 8 | 190 DATE OF OPERATION | 196 CONDI | ION FOR WHICH OPERAT | ION WAS PERFORMED | | ES, WERE FINDINGS USED |
| CERTIFICATION | | 31 5 | | | | IFYING CAUSES OF DEATH? |
| 51 8 | 21a. ACCIDENT WAS UNDERLYING | 216 TIME OF | | 21c. HOW INJURY OCCUR | RED (ENTER NATURE OF INJURY IN ITEM 18 | |
| 7.1 | OR CONTRIBUTING CAUSE OF DE | | A. MONTH DAY YEA | | | |
| MEDICAL | (IF EITHER NOTIFY MEDICAL EXAMINE | P.A 21e PLACE C | | 21f. LOCATION | | |
| 7 | WHILE NOT WHILE AT WORK | | ET, FACTORY, OFFICE, FARM, ETC.) | | CITY OR TOWN | COUNTY STATE |
| | | | deceased from 2 | | - 1. 6 | |
| | 22a I certify that (1) this hasp | - / 1 | deceased Iralii | 17 | death accurred on the date and ha | , 19, thot (I) (we) last |
| | saw the delease of alive are abave, (1) (ye) of (did no | view the bady | after death. | | death accurred on the date and no | |
| | 27% SIGNATURE | .11. | 1 | DEGREE ATTENDING | MEDICAL STAFF | 224. DATE SIGNED |
| | and | se con | | PHYSICIAN L | - DIRECTOR PHYSICIAN | 16 July |
| | 224 PHYSICIAN'S NAME TYPE | OR PRINT) | | 220 A9575SFREDER | RICK STREET | |
| | DR. ANTHONY BO | DLLINO | | CUMBERLAND, | MARYLAND 2: | 1502 |
| | BURIAL, CREMATION, REMOVAL | 23b. DATE | 73c NAME O | CEMETERY OR CREMATORY | 23d LOCATION | |
| 1 | Burial | 2-18-8 | Hiller | est B wrial Par | rk Cumberland-Al | legany CoMd. |
| | FUNERAL DIRECTOR GEORGE | | | | TE REC'D. BY REGISTRAR 256. BEGIS | |
| | 02 Greene Street | | | | ED 2 2 1085 Pulia | Davidson-Randelle |
| 4 | VE OTLERIE SULLE | c-cumber | Lana, Maryani | 2 21302 | 7 6 6 13001 | |

DHMH - 16 60M 7/8

(VRA 15, 4)



STATE OF MARYLAND



| + | 1. | FOR STATE REGISTRAR | | | DEPART | MENT OF H | OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH | YGIENE 5 | 0 3 | 2 / | 0 |
|--|---------------|--|------------------------------------|---------------------------------|--|----------------------|---|----------------------|-------------------|-------------------|--------------------------------|
| | | CEASED NAME | Scie | 4 | G, | S. DATE O | RIEN FBRTH TEAM 13 | A AGE (MYEARLANTE | Eb 5 | - 85 4 | HOUR CO PM MICER 24 HRS. |
| death. Prog | | IRTHPLACE (STATE GRA COUNTRY) Md. ITY OR TOWN OF DEA | | U. | S. A. | WEDOWE | NEVER MARRIED | | ny | OF DEATH | MD. |
| t hours after at the file of the filed of th | 0 | LINBERLA | UN COUN | Cumi Other Hostifution TY | REPLAND | MUK RE ADMISSIONI | SING CENTE | Domestic | OF WORKING LIFE | Housew | |
| BALTIMORE, MARYLAND 2120 Date be executed within 24 hours viscon and completely tilled in by spen. Pages 1 and 2 should be fill out. if greenfool a perfection of the completely of the complete | 1 | Md. | | Geor | | t | YES NO NO NO NOTHER'S MAIDEN F | wilt | | Wilt | 001 |
| TIMORE, be usecu | 1 | WAS DECEASED EVER HIS NO OR UNKNOWN: NO | | WAR OR DATES | 130-7 | -334 | Mrs Emma | Wilt Savag | | APPROXIMATE STORY | |
| 05, 201 W. PRESTON ST., quires, that the death certific signed by the attending phen please remove carboto particula, crematrien, or remove the formatric removes, an office fraamatric removed. | NC | Conditions, if ony, gove rise to instructions to instructions to instruction to the course to the co | which nediate g the last. | DUE TO, O | R AS A CONSEQUENCE ON SRIBUTING TO | HISTORY. | NOT RELATED TO THE TE | RMINAL DISEASE OR CO | NDITION GIVE | EN IN PART 1) a | |
| ALRECOR The low re- cont. e hos been sit permit if glene prior. The low re- cont. | CERTIFICATION | 196 DATE OF OPERA | | 0.00 | | H OPERATIO | N WAS PERFORMED | 184 AUTOPSYT | IN CERTIFY YES | Start . | USED DEATH? |
| DIVISION OF VITAL RECORDS, 201 TENDING PRITSICIAN. The law requires the site or etherstaining physician. Off, other this certificate has been signed to vise as the basis-fromist permit. Then piece in the facility and Mental Hygiene prior to businal. It is marked as hem 18 shows any alusy, as a | MEDICAL CE | 216. ACCIDENT WAS USED OF CONTRIBUTION OF CONTRIBUTION OF 18 INVESTIGATION OF A WOOD AT WORK AT WORK AT WORK AT WORK AT WORK AT WOOD AT WORK AT WORK AT WOOD A | CAUSE OF DEAT | HOUR A P 21s PLACE (AT HOME, ST | .M. MONTH I M. OF INJURY SEET FACTORY OFFICE The deceased from. | 19 FARM, ETC.) | 111 10CATION 11981 | P to 2 | | county | TATE (i) (we) last ses stoted |
| O HOSPITAL OR AT Intermed by the hosp TO FUNERAL DIRECT Boold be distoched ECI soith the State Direct MPORTANT, If them 2 | - | Obove, (II (we) is 72h SIGNATURE | H | leu | ent. | / | DEGREE D ATTENDING PHYSICIAN THE ADDRESS | ST. ST. ST. ST. PHYS | Note Note 1 | 2/4 | かん |
| ρ∦ Ω∦ ¶ ¾ · · · · · · · · · · · · · · · · · · | | BURIAL CREMATION, | N | 2/8/8 | 5 10 | | EMETERY OR CREMATOR Cometery | Swan | | Garrett | Md. |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 24.5 | BOOLS | N. | 1.10 | entre | lester | voor ty SED | A 3 1006 | | RAR'S SIGNATURE | |

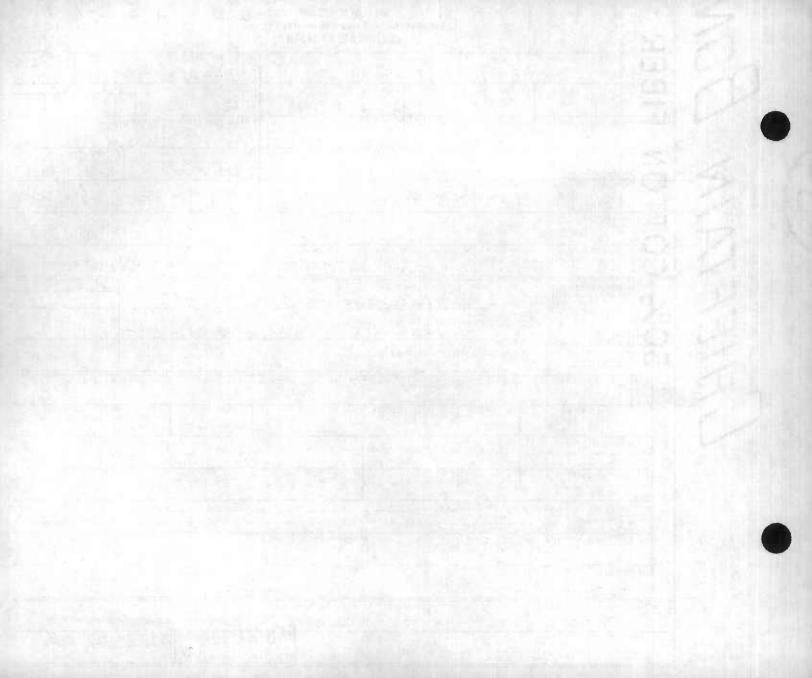
| | the and la | | . B . W | 9 |
|----------|------------------|---------|---------|----|
| Except P | - planet | | | |
| | antmovil 1 sa | and the | itora | 67 |
| 27.3% | | ili | | •= |
| | movis eguven din | | | |
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| ANNE DOROTHY | , , |
|--|--|----------------------|
| ANNE DOROTHY ORT DATE NOWN DATE DOROTHY ORT DATE DATE DOROTHY ORT DATE | REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | |
| ANNE DOROTHY ORT DEATH MATED & 2/7/85 8 a a a construction of the result of the resu | 1. DECEASED NAME FRST MIDDLE LAST 26. DATE KNOWN ☐ MONTH DAY | 100 |
| 3. SEX 4. RACE STATE OF BRITH YEAR ACTION CONTROL OF THE PROPERTY OF THE PROPE | | 0-14.0 |
| TEMALE WHITE 73193 91 YRS. TO BRITHPIACE (STATE OR TORSEN) COUNTRY) TO BRITHPIACE (STATE OR TORSEN) TO BRITHPIACE (STATE OR TORSE | 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 3 YR. IF UNDER 24 HRS. 2c. DATE MONTH DAY | YEAR 24 HOU |
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| 14. FATHER'S NAME FRIST MIDDLE MADUE M | USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 21532 |
| ADAM 166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 17. INFORMANT ADDREST RUSTBURG, IND 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). 19. CAUSE OF DEATH (Enter only one c | Militario Militarii I I I I I I I I I I I I I I I I I I | |
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| | | |
| 22e. I certify that I took charge of the remains described above, held an Autapsy . Inspection Inquiry . Inquiry and in my apinion | 22e. I certify that I taak charge at the remains described above, held an Autapsy Inspection Inquiry Inquiry | |
| 22e. I certify that I taak charge of the remains described abave, held an Autapsy Inspection Inspection Inquiry and in my apinian death resulted fram: Natural causes A. Accident I., Suicide I., Hamicide I., Undetermined manner I., | | |
| death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . | death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . | |
| death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . | death resulted fram: Natural causes . Accident ., Suicide ., Hamicide . Undetermined manner ., ACTUAL . CARRELLE . DATE | |
| death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . CVC LUCATION . DEPUTY MEDICAL EXAMINER . SIGNED | death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . CURL . LICATE SIGNATURE . MEDICAL EXAMINER . SIGNED | |
| death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL . CLOSE . DEDITION DEPOTITION DATE | death resulted fram: Natural causes Accident , Suicide , Hamicide , Undetermined manner , ACTUAL SIGNATURE | aland. Mo |
| death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . CVC LUCATION M.DEPUTY MEDICAL EXAMINER SIGNED . EXAMINER'S NAME GIOVANNI MASTRANGELIO, M. Daddress 900 Seton Drive, Cumberland, Md | death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner . ACTUAL SIGNATURE . CUPY . LICATION M.D. DEPUTY MEDICAL EXAMINER SIGNED . EXAMINER'S NAME GIOVANNI MASTRANGELO M. Daddress 900 Seton Drive . Cumber | |
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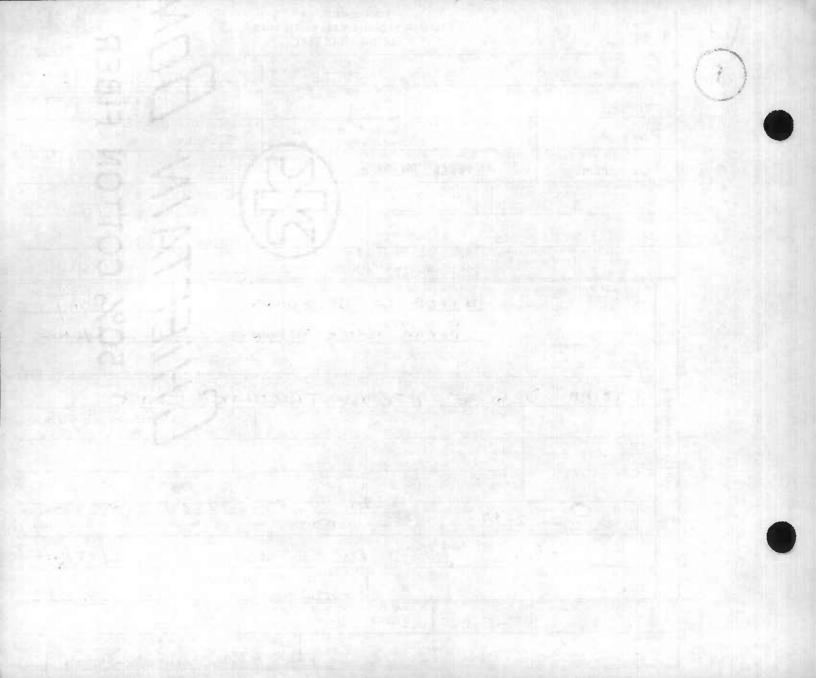
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| ge 4 is after its after it | | Male | Whit | е | Sept. | 1 1936 | 48 | YRS. | NIHS DAYS | HOURS M |
| nerol dir. nn 72 hou | 2 70 | BIRTHPLACE (STATE OR FOREIGN COUNTRY) Ohio | 76 CITIZEN OF | WHAT COUNTRY? | MARRIED WIDOWED | NEVER MARRIED X | 9 BALTIMORE CITY | OR COUNTY O | | |
| s offer d | 50 10 | Cumberland | (IF NOT IN SU | HOSPITAL, NURSIN CHFACILITY, GIVE STREET Memorial | TADDRESS) | OTHER INSTITUTION | 12e USUAL OCCUPA (TYPE OF WORK FOR MOS Laborer | ATION IT OF WORKING LIFE) | 126 KIND C | of BUSINESS |
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| res that the death certifinated by the ottending phinglesse remove carbane vurial, cremation, or removers, y, or other traumotic ever | | Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT | DUE TO, C (b) DUE TO, C (c) | OR AS A CONSEQUENT ON TRIBUTING TO | GLOVA JENCE OF | | nomer of | LUKG- | J IN PART I | 0 |
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STATE OF MARYLAND

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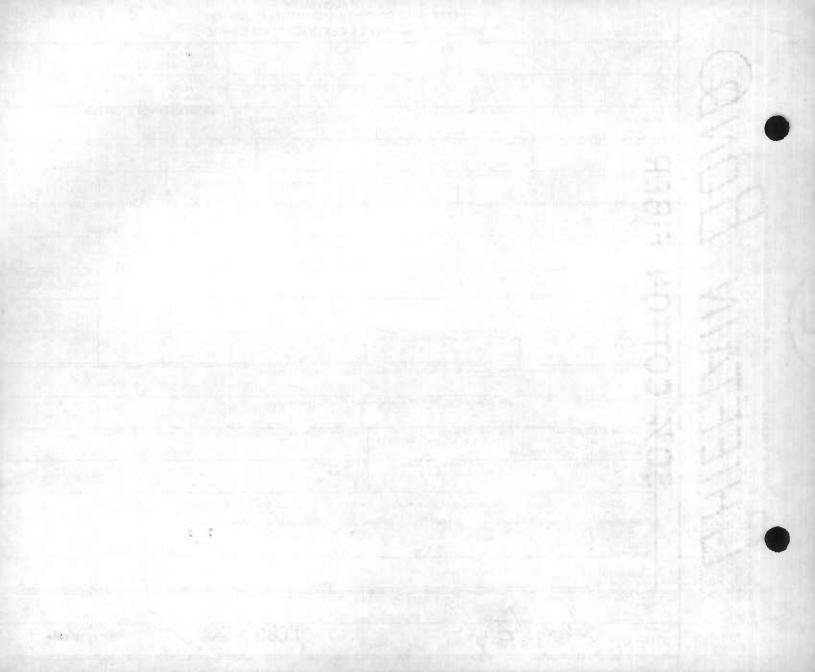
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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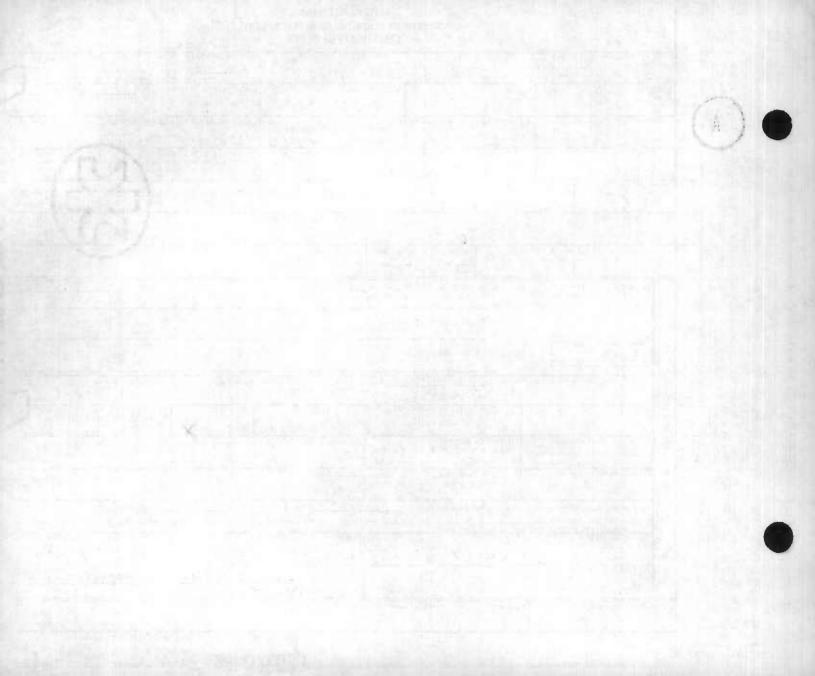
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| | 1. | FOR STATE REGISTRAR | | | DEPART | MENT OF H | E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH | GIENE REG. N | 0 3 2 | 8 4 |
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| | | CEASED NAME | FIRST | | MIDDLE | | LAST | 20 DATE OF DEATH | | 26 HQUR25 |
| page 3 | (117) | IS | SABEL1 | LE | MAY | REID | | February : | 16, 1985 | p. M |
| ma) | 3 SE | x | | 4 RACE | | 5. DATE O | | 6 AGE (IN YEARS LAST BIR | THOAY) IF UNDER I YEA | |
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| the band A | MED | WHILE TO NOT WE | | 21e PLACE | REET, FACTORY, OFFICE | FARM, ETC) | STREET | CITY OR TO | OWN | STATE |
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| TO HOSPITAL retained by th TO FUNERAL should be det with the State IMPORTANT: | | Dr. Sahe | 1/ | M PROVE) | | | 22e ADDRESS Memor | cial Hospita erland, MD 2 | al & Medical | Center |
| 0 € 5 € ¥ ₹ | | BURIAL, CREMATION, | | 23b DATE | 23ε | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | |
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| 1 | EVA | 1. | REGISTRAR | MEDICAL | EXAMINER'S | CERTIFICATE O | OF DEATH | REG. NO. | | | |
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| A. | AN TANK | | NO | F | 20301044 | T DOMAIN E | 2- BICO -1 | todress | San | ne q | 54/3 |
| | N N N N | | 18 CAUSE OF DEATH (Enter only one co | ouse per line for (a). (| b), and (c).) | | | | APF | PROXIMATE | INTERVAL |
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| | * SHEEP | | (TYPE OR PRINT) | used F | eyes | ADDRESS 900 | seron w. | Cumps | Laud | , 14 | V. |
| | TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOEKED THE CERTIFICATE, WRITING THE WORD." PENDING" IN PENCIL IN ITEM PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNCTION SHOULD BE USED AS A BURIAL - TRANSIT PENAL PREST PENAL STATE DEPARTMENT OF HEALTH AND MENTAL HYGHEN BARTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVED. | 73a.B | URIAL, CREMATION, REMOVAL 236 DATE | 230 | NAME OF CEMETERY | | 234 LOCATION | | | 21. | 72873 |
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| ZJIVI | DHMH - 17 | 74 F | NAME DIRECTOR GEORGE-U | PCHUISCH F | UNERAL HOI | ME, P.A 250. DATE | 27 1985 | 256 REGISTRAR | SIGNATU | JKE | |
| | (VR A15 ME (5)) | 120 | A Canada and a | MERLAND | MD, 215 | 72 FEE | 27 1985 | | | | |
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(VRA 15, 4)

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(TYPE OR PRINT)

DECEASED NAME

ELVA VESTA 4 RACE 5 DATE OF BIRTH 1. 5EX 22 1895 Female White BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED Maryland U.S.A. WIDOWED DIVORCED [] IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) SACRED HEART HOSPITAL Cumberland House 13n. STATE 136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Allegany Westernport NOF 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE FIRST John Devore Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT IYES NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) 216-22-5066 no 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).1 PART I. DE ATH WAS CAUSED BY IRCULATORY COLLAPSE DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 200 AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED NO CERT 71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL PM (IF EITHER, NOTIFY MEDICAL EXAMINER) 714 INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from_ sow the deceased alive on_ 22h SIGNUTURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR 27e. ADDRESS DR. SURESH RAJAN. 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 2/6/85 Philos Cemetery

BOALS FUNERAL HOME STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 111 CHURCH STREET CERTIFICATE OF DEATH REGISTRARWESTERNPORT. MD. REG. NO 20 DATE OF DEATH MONTH 7h HOUR ROBERTS FEBRUARY 3. 1985 04:50A 6. AGE (IN YEARS LAST BIRTHDAY) IF LINDER LYEAR IF LINDER 24 HPS 9. BALTIMORE CITY OR COUNTY OF DEATH ALLEGANY COUNTY 126. KIND OF BUSINESS OR 17n USUAL OCCUPATION LIVE OF WORK FOR MOST OF WORKING HEE INDUSTRY Domestic 13e.STREET ADDRESS / ZIP CODE 406 Md. Ave. Lewis ADDRESS Mr. William Roberts Westernport. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH AND CARDIO-RESPIRATORY ARREST 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED STAFF DIRECTOR PHYSICIAN 925 BISHOP WALSH DR., CUMBERLAND, MD. 21502 Westernport Allegany Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE Westermport, Md. 21562

the second section of the second seco .a.s.u bimiyani OLIVER DESCRIPTION DESCRIPTION DESCRIPTION Pola levore levore no 216-22-5066 Pr. wil ins holsonia destribution. 316-22-5066 AND STREET PARKS THE CONTROL OF STREET SHIP OF STREET STREET OF STREET STREET hereas and the second of the s social summer of the state of t

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| | or, p | 3. SE | | 4. RACE | | MONTH | DAY YEAR | 8. AGE (IN TEARS LAST BIRT | MONTH | | OURS MIN. |
| | director, | 70 B | FEMALE IRTHPLACE (STATE OR FOREIGN | WHITE | WHAT COUNTRY? | CTOBE | R 26 1893 | 9. BALTIMORE CITY O | YRS. | DEATH | |
| | erol c 72 h | 7 | PENNA. | USA | | MARRIED [| NEVER MARRIED D | ALLEGANY | | | MD |
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| MARYLAND 2120 | completely Lond 2 sh | 14. F | ATHER'S NAME ALVEY | MIDDLE B. | O'NEAL | 15 | MOTHER'S MAIDEN NAM | MIDDLE | | LAST | |
| ORE, | Pages Pages medical | | WAS DECEASED EVER IN U.S. A | RMED FORCES? | | | . INFORMANT | ADDRE | | | |
| BALTIMORE, | icion or ers. Poi | - | NO | | £36-44-782 | 23 C1 | JMBERLAND NUF | RSING HOME | CUMBERLA | | TE INTERVAL SET AND DEATH |
| DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., B. | i that the death certifica d by the attending physical action por alloase remove carbon por and, cremation, ar remove or other traumatic event, | | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. | DUE TO, (b)_ DUE TO, (c)_ | DR AS A CONSEQUEN | ICE OF | | | | | |
| RDS, 20 | n signe Then pl r to burn | NO | PART 2 OTHER SIGNIFICANT | CONDITIONS S | ONTRIBUTING TO DE | ATH BUT NO | OT RELATED TO THE TERMI | NAL DISEASE OR CONI | DITION GIVEN II | PART Ito | |
| AL RECO | ion. he low rand. hos been to permit. rene prior | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONI | ION FOR WHICH O | PERATION \ | WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WE IN CERTIFYING YES | | |
| OF VIT | SICIAN: The physicia certificate to prioritizate transitions it sental Hygie tem 18 sho | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI | EATH HOUR A | OF INJURY A.M. MONTH DAY P.M. | YEAR | IC HOW INJURY OCCURR | ED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART 1 | OR PART 2) | |
| VISION | PHY rendir | MEDICAL | 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK | | OF INJURY TREET, FACTORY, OFFICE, FAR | | II LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| ā | R ATTENDING P hospital or offer RECTOR: After the red for use as the ept. of Health and lem 21 is marked | | 27a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n | 2/2 | 6 19 8 | 1, and | in (my) (aur) apinian d | eath occurred on the do | te and hour and | - | ot (I) (we) lost uses stated |
| • | toche Dep | | 22b. SIGNATURE | eliu | N | MI | | MINICAL STAF | F IAN [] | 2) DATE SH | 8/8- |
| | O HOSPITAL etained by th TO FUNERAL should be det with the State | | 226. PHYSICIANY NAME | M | 05 | 2 | 30 SU | Deyst. | and | Feile | and |
| | BP | | burial, cremation, remova (specify) BURIAL | | | | ETERY OR CREMATORY BURIAL PARK | | | | STARE |
| DH | HMH - 16 50M 4/B2 | 24 1 | UNERAL DIRECTOR | | ADDRESS | | The second second | REC'D. BY REGISTRAR | 25b. REGISTRAR' | Randel | |
| | (VRA 15, 4) | | SILCOX-MERRIT | I FUNERA | L SERVICE | COWREL | CLAND NULD | 5 July Gul | WREHOWN. | Novano | |

Sevil A Away

| 12. | 1 - | FOR STATE REGISTRAR | | DEPAR | MENT OF | E OF MARTLAND EALTH AND MENTAL HYG ICATE OF DEATH | REG. N | U S 4 | O 7 |
|---|---------------|---|-----------------------|---|------------------|---|--|--|--|
| moy be r, page 3 | 3. SE | | 4. RACE | M. | ROL S. DATE O | | 20. DATE OF DEATH TEB 6 6. AGE (IN YEARS LAST B) | | 10.59 p |
| inth. Page 4 | 76. BI | emale RTHPLACE (STATE OR FOREIGN Pyrland | | nite FWHAT COUNTRY U.S.A. | ? 8. MARRIE | 11 18, 1888 | | YRS. OR COUNTY OF DEAT any Count | H , |
| s ofter dec | [0 CI | TY OR TOWN OF DEATH | NURSIA | | ING HOME | DROTHER INSTITUTION OMBERLAND ONT CENTER | 120 USUAL OCCUPAT | 10N 12b. KI | ND OF BUSINESS C |
| in 24 hour | Ma | | OR OTHER INSTITUTION | N. GIVE RESIDENCE BEFO | ns ter | 13d INSIDE CITY LIMITS? | 13e. STREET ADDRESS | East Ma | ?n Stre |
| completely of exomities | 160 V | THER'S NAME FIRST George (AS DECEASED EVER IN U.S. | MIDDLE ARMED FORCES? | Mart | | 15. MOTHER'S MAIDEN NA FIRST Frances 17. INFORMANT | WIDDLE | PESS | ogtman |
| ite be exe sicion and pers. Page ol. The medic | 1 | | GIVE WAR OR DATES) | 212-84 | | Josephine | Leasure | Cumber | e Stree |
| equires that the death cer signed by the attending Then please remove carbo to burial, cremation, or re njury, or other traumatic e | NO | Conditions, if ony, which gove rise to immediate couse (0), stating the underlying couse lost. | (b)_ DUE TO, (c)_ | OR AS A CONSEQ | UENCE OF | NOT RELATED TO THE TERM | MINAL DISEASE OR COM | NDITION GIVEN IN PAI | RT I(o) |
| The low retrieved. | CERTIFICATION | 190 DATE OF OPERATION 210, ACCIDENT WAS UNDERLYING | | OF INJURY | H OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | 20b. IF YES, WERE FI IN CERTIFYING CAI YES [| USES OF DEATH? |
| ug PHYSICIAN: ottending physic ter this certificat is the buriol-from n and Mental Hysi rked or frem 18s | MEDICAL CE | PTO, ACCIDENT WAS UNDERSTRING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM) 21d. IN JURY OCCURRED WHILE AT WORK AT WORK | DEATH HOUR / | A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE | 19 | 211. LOCATION STREET | CITY OR T | | |
| OR ATTENDIN he hospital or DIRECTOR: Af- coched for use o Bopy, of Health | | 22a.1 certify that (1) (this has saw the deceased alive above. (1) (we) (did) (did 22b. SIGNATURE | | | | nd that in (my) (our) opinion DEGREE ATTENDING | death occurred on the o | 226. [| that (I) (we) land the causes stated DATE SIGNED |
| TO HOSPITAL retoined by the TO FUNERAL should be derived with the Stote WPORTANTS. | | 22d. PHYSICIAN'S NAME | Luy. | 2. | | 302 | Schley | pt. Cu | berlan |
| BP | | urial, cremation, remov specify) Burial ineral director Leas | 2/9/ | 85 S | t Pet | | 23d. LOCATION CITY OF TOWN CUMber TE REC'D. BY REGISTRA | | egany Mi |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 230 | NAME | | ADDRESS | nd. M | Home, Inc PA | EB 1 1 1985 | grave during | on-Minda |

Josephin M. Keelak EXALECSANOS NELSON TAXABLE PROPERTY OF THE PARTY OF THE FOR 1 - STATE REGIST

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | | REGISTRAR | | | | CEKIII | ICATE OF DEA | ATH | REG. NO | | | |
|---|---------------|--|---|----------------|--|-----------------|---------------------|---------------|--------------------------------|--------------------|--------------|-------------------------------------|
| | | CEASED NAME | FIRST | 100 | MIDOLE | | AST | | | MONTH DAY | YEAR | 2b. HOUR |
| | (TYPE | OR PRINT) | PORTER | Τ.Δ | WRENCE | DIII | NNER | | Februar | 7 7 | 1985 | 1:00pM |
| | 3. SEX | X | TORTHR | 4 RACE | WICENCE | 5. DATE C | | 6 | AGE (IN YEARS LAST BIRT | | UNDER I YEAR | IF UNDER 24 HRS |
| | | MALE | | WHITE | | APRI | L 22 1910 | | 74 | YRS | VIHS DAYS | HOURS MIN. |
| - | | RTHPLACE (STA | TE OR FOREIGN | 76 CITIZEN O | F WHAT COUN | MARRIE | D NEVER MAR | RRIED 1 | BALTIMORE CITY OF | - | FDEATH | |
| | | W.V | 7Δ | IISA | | WIDOWE | | RCED | Allegan | У | | MD. |
| - | | ITY OR TOWN O | FDEATH | 11. NAME OF | | | OR OTHER INSTITU | | 20. USUAL OCCUPATION | | | F BUSINESS OR |
| 0 | | mberlan | | Memor | ial Hos | | edical Ce | | RETTRED KET | | E CO | SUPER. |
| E | 130 S | MARYLANI | ALLE | JTM | CLMBE | V Williams | 7 | 0 🗆 | 3e.STREET ADDRESS / 872 SPERRY | | E | 502 |
| | 14. FA | THERS NAME | LLIP | WEDIE | RUNNER | | VIRG. | | WIDD(E | F | HILLT | PS |
| 1 | | WAS DECEASED | | | | SECURITY NO. | 17 INFORMANT | | ADDRES | 55 | | The real little |
| L | | NO. | VIII TA HEL CL | A MAR DR DKIED | 214-0 | 7-1209 | MADAT.YN I | RUNNER | 872 SPERRY | TERRA | CE CU | MRERT AND |
| | NTION | Conditions, if gove rise to couse to to underlying | immediate stating the couse lost. | + (A | RIBUTING | | NOT RELATED TO | | VAL DISEASE OR CONE | DITION GIVEN | | |
| 2 | CERTIFICATION | 196 DATE OF O | PERATION | 196 CON | DITION FOR W | VHICH OPERATIO | N WAS PERFORM | ieu. | YES NOT | | | OF DEATH? |
| 7 | MEDICAL CER | | CAUSE OF DE | HOUR A | OF INJURY A.M. MONTH P.M. E OF INJURY | H DAY YEAR | 21c. HOW INJUR | ry occurre | D (ENTER NATURE OF INJUR | y in Item 18. Part | I OR PART 2) | |
| | ME | WHILE D N | NOT WHILE AT WORK | | | DEHCE, VAN DIC. | 9.3 | 05 | O' OR TOV | , 7 | COUNTY | STATE |
| | | | ot (1) (this hosp | | 0 | 36311 | nd that in (my) (au | r) opinion de | , to | te and hour o | nd from the | that (I) (we) last causes stated |
| | | 22h SIGNAT | SNAME CLYPE | vier | 1 | wy | PHY | SICIAN A | MEDICAL STAF | AN 🗌 | 22 9 ATF | 185 |
| | | | | | | | | | emorial Ave | | | |
| | | | erry Wil | | | | | | Bldg, Cum | berland | 1, MD | 21502 |
| | | BURIAL, CREMAT | ION, REMOVAL | FEB10 | 1985 | | EMETERY OR CRE | MATORY | CUMBERTAN | | | |
| | | DUKTAL | | LEDIO | TAOA | POMPET | THINKIM | | COMBERTAIN | | JOHN I I' | |

SILCOX-MERRITT FUNERAL SERVICE CUMBERLAND

DHMH - 16 60M 7/B4 (VRA 15, 4)

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and c should be detached for use as the burial-transit permit. Then please remove carbon-papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

OR ATTENDING PHYSICIAN: The low

TO HOSPITAL

I hem 21 is marked or Item 18 shows any injury, or other traumality went. The



Telegraphy of the second Marine Mauheu Soi locament nist.

FOR - STATE REGISTRAR

DECEASED NAME

(TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

SHAFFER

CERTIFICATE OF DEATH

| REG. NO. | | | | |
|--------------------------------|-----------|-----------|----------|--------|
| February 17. | 1985 | YEAR | 1:25 | |
| 6 AGE (IN YEARS LAST BIRTHDAY) | IF UND | ER I YEAR | IF UNDER | 24 HRS |
| 93 | MONTH: | DAIS | MOURS | MIN |
| 0 BALTIMORE CITY OF COL | INTY OF D | EATH | | |

FEMALE WHITE AUGUST 15 1891 TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWEDVY

Allegany 120 USUAL OCCUPATION

126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE

BETWEEN ONSET AND DEATH

IR CITY OR TOWN OF DEATH Cumberland

GEORGE

(YES NO OR UNKNOWN)

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

Conditions, if ony, which gove rise to immediate couse (o), stoting the

underlying couse lost.

MARYLAND

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130 STATE 1316 COUNTY 1316 CITY OR TOWN

ALBERT FEW

13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? NO [

15. MOTHER'S MAIDEN NAME

FREDERICK STREE

MD. I FATHER'S NAME

NO

MIDDLE MAT.LITW

HEYES GIVE WAR OF DATES

ALLEGANY

4 RACE

FIRST

MARIE

LAST BRADOUR 166 SOCIAL SECURITY NO

215-20-6654

CUMBERT AND

Alberteen

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

MARY 17 INFORMANT

FILEN KNIEDIEM IDA BRADOUR 1414 BEDFORD ST CUMBERLAND MD

18 CAUSE OF DEATH (Enter only one couse per line for to , toe, and to PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE TO DUF TO OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS

CERTIFICATION

INTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

20 IF YES, WERE FINDINGS USED 200 AUTOPSY? N CERTIFYING CAUSES OF DEATH?

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21e. PLACE OF INJURY

216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 211 LOCATION

NO

CITY OF TOWN

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this haspital) attended the deceased from saw the deceased alive on

above, (1) (we) (did) (did) hot) view the body ofter death

DEGREE

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN D

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 220 DATE SIGNED

COUNTY

NO [

STATE

22d. PHYSICIAN'S NAME Dr. Peter Halmos 22e ADDRESS

STREET

Memorial Hospital & Medical Center Cumberland, Md 21502

| 23o | BURIAL, | CREMATION, | REMOVAL |
|-----|-----------|------------|---------|
| | (SPECIFY) | | |
| | | DITOTAT | |

22b. SIGNATURE

23¢ NAME OF CEMETERY OR CREMATORY LUKE'S CEMETERY

23d LOCATION CITY OF TOWN

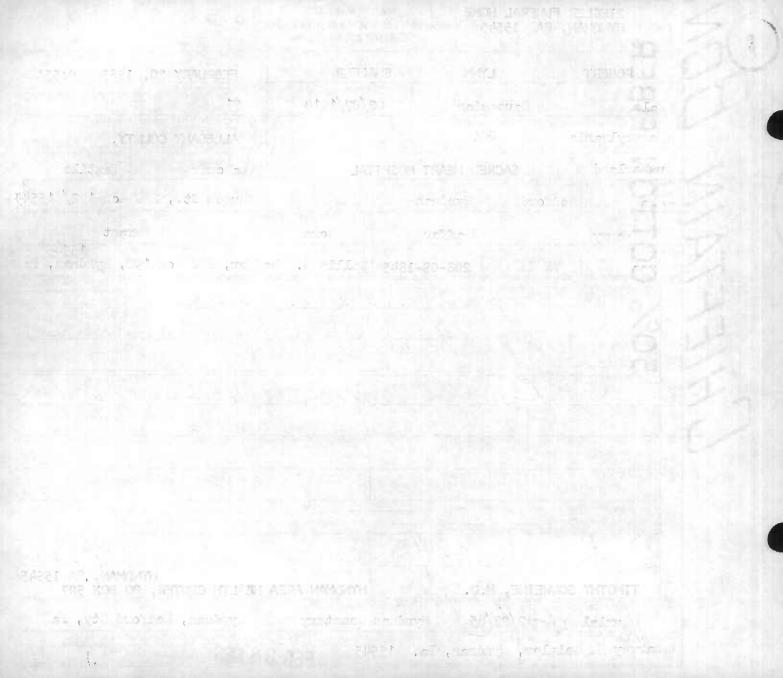
MARE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

23b. DATE

SILCOX-MERRITT FUNERAL SERVICE CIMBERLAND ALLEGANY MD



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN MONTH 2a. DATE 2h HOUR (TYPE OR PRINT) Ralph DEATH MATED Shipley 13:37 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS SEX IF UNDER 24 HRS DATE 2d HOUR EAST BIRTHDAY PRONOUNCED WITHIN 72 13:37 Male Apr. 07. 1906 DEAD White To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY) PA IISA Allegany DIVORCED WIDOWED CATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE PIECE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FETAIN PAGE 5 SHOULD BE USED AS BURIAL. TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE PIED. PESTATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WALL RECORDS, 201, W. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176. KIND OF BUSINESS Machinist OR INDUSTRY Cumberland Rubber Hospital ISLIAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Allegany 13g STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Maryland Cumberland YES X Pine Ave. /21502 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE Shipley Fletcher Price Amanda IAN WAS DECEASED EVER IN U.S. ARMED FORCES? 146 SOCIAL SECURITY NO 7 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 217-10-6794 No Dorothy Shipley - same as Mrs. abo 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). Cardiovascular PART I DEATH WAS CAUSED BY Terioscler IMMEDIATE CAUSE (o OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Possible MI Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE DR CONDITION GIVEN IN PART 1 (d CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? O BURIAL, YES [] NO 21g EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING PRIOR CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (AT HOME, 21f. LOCATION EXECUTE THE CERTIFICATE, WRITING 4 SHOULD BE FORWARDED PAGE 4 SHOULD BE FORWARDED FOR A DIRECTOR; PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN 21201 COUNTY STATE NOT WHILE AT WORK AT WORK 220. I certify that I took charge of the remains rescribed above, held an Autopsy Inspection and in my apinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME NOTES (TYPE OR PRINT) 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 26, 1985 Feb Fairview Cemeterv Artemas BP Bedford 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR **DHMH-17** NAME John J. Hafer, Jr. LaVale. MD (VR A15 ME (5)) 15M 2/80

Teacher and the second The state of the s vasjeli reconstruction - Lylwer is loss housest Transfer on the control of the contr educ els secon - caluda com an activa-pre-pre-pre-The state of the second se Carvant of the test of the case of the cas

| | It | em 13e per pho | one 2/2' | | | OF MARYLAND | 8 5 | 0 3 2 | 9 5 |
|--|----------------|---|----------------------------------|---|------------|--|---|--|---|
| 7 | 1- | STATE REGISTRAR | | DEPARIM | | EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | 0. | |
| y be | | CEASED NAME FIRST OR PRINT) Carr | ie . | L. Si | here | AST | | 2 15 8 | 10.1100 |
| 4 m 4 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m 6 m | 3. SE | Female | 4 RACE Whit | 0 | 5. DATE O | DAY YEAR | 6. AGE (IN YEARS LAST BIRTI | MONTHS! D | YEAR IF UNDER 24 HRS. AYS HOURS MIN. |
| arh. Poge 72 onte | 7e. B | RTHPLACE (STATE OR FOREIGN OUNTRY) | 76 CITIZEN OF | WHAT COUNTRY? | | NEVER MARRIED | 9. BALTIMORE CITY OF | COUNTY OF DEATH | |
| ofter dec | | TY OR TOWN OF DEATH umberland | 11. NAME OF | HOSPITAL, NURSING | DDRESS) | DE DIVORCED ROTHER INSTITUTION ing Center | 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF HOUSEWIF | ON 12b. KIN WORKING LIFE) INDUS | D OF BUSINESS OR |
| hin 24 hours off | USU. 13a. S | AL RESIDENCE (IF NURSING HOME OF TATE 136 COU | ROTHER INSTITUTION | | ADMISSION) | | 13. STREET ADDRESS Bel Air | 21502 | II Home |
| mpletely and 2 sh | 14. FA | THER'S NAME FIRST Chancey | MIDDLE | Bowman | | 15. MOTHER'S MAIDEN NAM Henrietta | | Chorpe | nning |
| on and co | 16a. V | VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GI | RMED FORCES? VE WAR OR DATES) | 212-74- | | Harry J. S | hirey Be | l Air Cu | mb. MD |
| uires that the death cuigned by the attending ten please remove corbination, cremation, or ury, or other traumatic | z | Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT | { DUE TO, O | // | NCE OF | // • | INAL DISEASE OR COND | OITION GIVEN IN PAR | RT 1(o) |
| he low req on. t permit. Then ene prior to | CERTIFICATION | 196. DATE OF OPERATION | 19b. COND | ITION FOR WHICH C | DPERATION | discore WAS PERFORMED | 200 AUTOPSY? | 206. IF YES, WERE FILL IN CERTIFYING CAU | NDINGS USED JSES OF DEATH? NO [] |
| 3 PHYSICIAN: T intending physici pr this certificate the buriol-transi and Mental Hygi ked ar fem, 8 sh | MEDICAL CER | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE AT WORK AT WORK | ATH HOUR A R) P. 21e PLACE | OF INJURY M. MONTH DA' M. OF INJURY REET, FACTORY, OFFICE, FA | 19 | 21c. HOW INJURY OCCURR 211 LOCATION STREET | ED (ENTER NATURE OF INJUR | - | |
| L OR ATTENDING the hospital or a L DIRECTOR: After tooked for use as a Dept. of Health if them 21 is man. | 7 | 22e.1 certify that (I) (this hosp saw the deceased alive on above, (I) (we) (did) (did no 22b. SIGNATURE | 7 / | - () | | d that in (my) (our) opinion of | MEDICAL STAF | 20,0 | the couses stated |
| O HOSPITAL etoined by th TO FUNERAL should be dete with the Store | G | 22d. PHYSICIAN'S NAME (TYPE | ORPRINTI HAZ | Mos | | PHYSICIAN E | Schley | of au | Reiland |
| BP | | JURIAL, CREMATION, REMOVAL SPECIFY: Burial JUNERAL DIRECTOR | 1000 | | | emetery or crematory Ury Ceme. | 23d. LOCATION CITY OR TOWN Salisbur EREC'D. BY REGISTRAR | y, Somer | set PA |
| DHMH - 16 50M 4/82 (VRA 15, 4) | 21.71 | Tohn .T. | Hafer | Tr. LaV | ale | | D O 1 100E | SB. REGISTRAR'S SIG | A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN |

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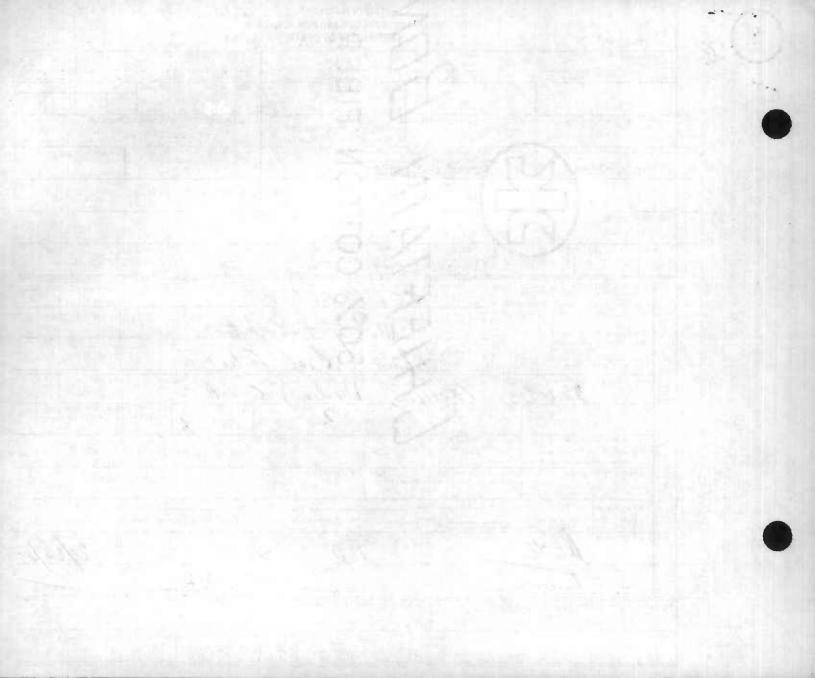
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| - STATE REGISTRAR | | CERTIF | ICATE OF DEATH | REG. NO. | | |
|---|--|--|---|------------------------------------|----------------------|-----------------|
| 1 DECEASED NAME FIRST | WIDDLE | L | AST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR A |
| NANNIE NANNIE | E ELIZABETI | Н 9 | SHROYER | FEBRUARY 21, | | 10:30 M |
| 3. SEX | 4 RACE | 5. DATE C | | 6 AGE (IN YEARS LAST BIRTHDAY) | MONINS DAYS | IF UNDER 24 HRS |
| Female | White | May | 04 1017 | 67 YRS | | |
| To. BIRTHPLACE (STATE OF FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | 8 | D NEVER MARRIED | 9 BALTIMORE CITY OR COUN | TY OF DEATH | |
| West Virginia | U.S.A. | WIDOWE | | Allegany | | MD. |
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME C | OR OTHER INSTITUTION | 120 USUAL OCCUPATION | | OF BUSINESS OR |
| Cumberland | (IF NOT IN SUCH FACILITY, GIVE STREET Memorial Ho | ospita | al | (TYPE OF WORK FOR MOST OF WORKING | 3 (IFE) INDUSTRY | |
| 130. STATE 13b CO | or other institution, give residence before UNITY 13t. CITY OR TOW egany Cumberl | /N | 13d. INSIDE CITY LIMITS? | 2 STREED ADDRESS / ZYCC | DDE 21 | 502 |
| 14 FATHER'S NAME | | | 15. MOTHER'S MAIDEN NA | | | |
| Elroy | Bennet | t | Belinda | WIDDLE | Mulli | hix |
| 160 WAS DECEASED EVER IN U.S. | ARMED FORCES? 166 SOCIAL SECU | JRITY NO. | 17 INFORMANT | ADDRESS | | Marian. |
| (YES, NO OR UNKNOWN) (IF YES, | GIVE WAR OR DATES) 218-76- | -3785 | Sarah Izat | t, daughter | same | as13a−∈ |
| Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost | ONLY ONE CONDITION FOR WHICH | ENCE OF HY ENCE OF HYENE DEATH BUT | b/indren, | C.V.A. | | |
| DIFIC | | | | YES NO NO NO CER | RTIFYING CAUSES | S OF DEATH? |
| OR COLUMNIC CALLER OF | DEATH HOUR A.M. MONTH D. | AY YEAR | | RED (ENTER NATURE OF INJURY IN TEM | 18 PART (OR PART 2) | |
| To COUNTRY MEDICAL EXAMI | 218 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I | FARM, ETC] | 211 LOCATION STREET | CITY OR TOWN | COUNTY | STATE |
| saw the deceosed alive abave, (1) (we) (didw(did 22b. SIGNATURE | nat) view the body after death. | , a | DEGREE ATTENDING PHYSICIAN 2 22e ADDRESS Medic | death occurred an the date and I | haur and from the | |
| Dr. N. Ranj: | | | Memorial Hosp | pital, Cumberla | nd, Md. | 21502 |
| 230 BURIAL, CREMATION, REMOV. (SPECIFY) | AL 23b DATE 23c. | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | COUNTY | MYTATE |

DHMH - 16 60M 7/84 (VRA 15, 4)

Burial 2/24/85 Hillcrest Burial Cu

Here and Director Leasure-Stein Funeral Home, In the Language Company of the Language Comp



| | 1. | FOR STATE REGISTRAR | | DEPARTI | MENT OF H | E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | IENE 3 | 0 3 | 10 mag | 7 / |
|--|---------------|--|----------------------------------|---|------------------|---|--|-------------------------|---------------------------------|----------------------------|
| ath 3 | | CEASED NAME FIRST CARL | | MIDDLE . | | idmore. | | 2 18 | | 26. HOUR |
| s after de | 3 SE | Male | 1 RACE Caul | asiaN | S. DATE C | | 6. AGE (IN YEARS LAST BIR | | UNDER I YEAR | IF UNDER 24 HI HOURS MI |
| neral dire | C | RTHPLACE (STATE OR FOREIGN OUNTRY) | U.S.A. | F WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DO DIVORCED | ALL EGANS | | OF DEATH | , |
| by the fu | | OSTBURG | | | | OR OTHER INSTITUTION TURSING HOME | 12ª USUAL OCCUPAT (TYPE DE WORL FOR MOST OF LABOR ER | ION OF WORKING LIFE) | CELSAN | |
| 100 | 13a S | STATE 136 COU | EGANY MORANTOWN YES | | | | RT.3, BOX | 180, FI | 21532 ROSTBU | |
| 16/200 | 14. F/ | JAMES | WIDDIE | SKIDMÖRE | | ELIZABETE | MIDDLE | | | PP |
| Poper 1 . | 16a V | | RMED FORCES? VE WAR OR DATES) | 213-10-9 | | IT INFORMANT MRSS ISUE SKI | | 3, BO | x 480, | |
| on signed by the sitered fron please remove cart in burial, committen, ny injury, or other trau | NO | Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT | DUE TO, (c) CONDITIONS | OR AS A CONSEQUI | ence of | | AINAL DISEASE OR COM | | N IN PART 1 | 0 |
| ate has been permit. To general and grades grades grades grades and grades grades and grades grad | CERTIFICATION | 190 DATE OF OPERATION | 196 CON | | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIFY YES | | |
| tending physica After this certific the burial-transi I and Mental Hy tracked or Ment 3 | MEDICAL CEI | 216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (# EITHER, NOTHY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE AT WORK AT WORK | RI HOUR | OF INJURY A.M. MONTH D. P.M. E OF INJURY STREET, FACTORY, OFFICE, | 19 | 211. LOCATION STREET | RED (ENTER NATURE OF INJU | | COUNTY | STATE |
| hospital or a DIRECTOR: hed for use a rept. of Health | | 22a.L certify that (1) (this hosp saw the deceased alive a above, (1) (we) (d-d-m) did 22b. SIGNATURE | | | | 2 18 99 nd that in (my) (aur) apinian DEGREE | | - | | |
| D FUNERAL could be detected the the State D | | 224 PHYSICIAN'S NAME (TYPE S.L. SANI | | 1.D. | nu i | ATTENDING PHYSICIAN [270 ADDRESS FROSTBURG CO | | CIAN [| 21532 | JRG,MD |
| BP | (| BURIAL, CREMATION, REMOVA SPECELL SPECELL UNERAL DIRECTOR | 2/ | / | unet | MENTERY OR CREMATORY MENTERIAL PURPLE | 23d. LOCATION CITY OF TOWN LUMBER E REC'D. BY REGISTRAR | ed 1 | OUNTY Alkaray AR'S SIGNAT | STATE MD. |
| DHMH-16 25M (VRA 15, 4) 1/79 | - | Sowers Fire | 1/11 | ADDRESS 60 | west | Main Strong | | 1. K . 4 | | |

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| , contract of | e ar.a, sov 480 | TO CONTRACTOR YES | ADBLITA CHALIVERAL |
| 1919 | HTEPASTUE | SHOWING | esticat. |
| THERE WI, DOUBTS | ese ous sideres, et. o, | 213-10-0746 | A.H. OH |
| Cal & | | | |
| | | Was the e | |
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| | 11/2 21/2 | election of the | |
| der | | of when to | |
| | ROSTEURG OFFICER IF IT | R, H.D. | S.L. Saffman |
| Rosey Alba | March Park Backer | the tales | |

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) Raymond Skidmore. Sr. Carl DEATH MATED 4 RACE DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY) PRONOUNCED Jan. 26, 1918 67YRS White Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
Maryland TISA Allegany DIVORCED X WIDOWED -O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Memorial Hospital Retired Textile Cumberland 426 Virginia Ave 2 1502 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Allegany Cumberland Maryland 14. FATHER'S NAME T. Skidmore Grace A. Friend Russell 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. DIVISION (IF YES, GIVE WAR OR DATES) Carl R. Skidmore, Cumberland, Md. Son 214-107-4440 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Subaracnoid Hemorrhage DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 211. LOCATION 21e PLACE OF INJURY (AT HOME. STREET, FACTORY, FARM, ETC.) COUNTY NOT WHILE AT WORK Inspection X 22a I certify that I taak charge of the remains described above, held an Autopsy and in my apinion Accident X Suicide Hamicide ___ Undetermined monner death resulted from Natural causes 2-26-1985 ACTUAL DATE SIGNATURE 900 Seton Drive, Cumberland, Md. EXAMINER'S NAME Dr. Francisco Reyes M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial STATE 03-01-1985 Rocky Gap Veterans Cem. Cumberland Allegany 07/84 24 FUNERAL DIRECTOR **DHMH - 17** James F. Scarpelli, Cumberland, MD 21502 (VR A15 ME (5))

Low Cavesed Deldaore, Dr. and Pill of the state of the state of Intignon Indiana hariye faul) freitt in nown an exception in the second sec

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

retained by the haspital or attending physician.

TO HOSPITAL O

BP.

DHMH - 16 60M 7/ (VRA 15, 4)

| | (TYPE OR PRINT) | orge Willi | am Ski | .dmore | February 2 | MONTH DAY YEAR | 26 HOUR |
|----------|--|--|--|---|---|--|----------------------|
| | 3. SEX | 4 RACE | | TE OF BIRTH | 6 AGE (IN YEARS LAST BIRT | | 1:35a M |
| 4 | Male | Whit | | lay 16. 1895 | 89 | YRS DAYS | HOURS MIN. |
| 36 | 70. BIRTHPLACE (STATE OR FOREI COUNTRY) Maryland | U.S.A | MAF | RRIED NEVER MARRIED DOWED NORCED | 9 BALTIMORE CITY OF | | MD. |
| 2 | Cumberland | Sacred | FACILITY, GIVE STREET ADDRESS; Heart Hospi | tal | 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Miner | WORKING LIFE) INDUSTR' Coal | OF BUSINESS OR Mines |
| 6 | Maryland | | ive residence before admissi 3c. CITY OR TOWN Eckhart | YES NO X | 138 STREET ADDRESS / | ZIP CODE 21 528 | |
| 10 | Milliam | | idmore | 15 MOTHER'S MAIDEN N. FIRST Mary | Ann | Richards | on |
| 1 | 160 WAS DECEASED EVER IN L | J.S. ARMED FORCES? YES, GIVE WAR OR DATES) | 214-01-6247 | | Blubaugh, | | mit, Md |
| 2 | PART 2 OTHER SIGNIFIC 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY | the out to, or out to o | and Fa | BUT NOT RELATED TO THE YER. TION WAS PERFORMED | NINAL DISEASE OR COND 700 AUTOPSY? YES NO NO | 206. IF YES, WERE FIND IN CERTIFYING CAUSE YES | INGS USED |
| 9 | 00.00-1000-10010 7.0-100 | E OF DEATH HOUR A.M | . MONTH DAY YE | AR 19 | RRED (ENTER NATURE OF INJUR | Y IN ITEM 18 PART I ORPART 2) | |
| | 21d. INJURY OCCURRED | 21e PLACE O | | 21f LOCATION | CITY OR TOV | vn COUNTY | STATE |
| | AT WORK AT WORK | | | | 2 10 | 9 | |
| | 22a.1 certify that (1) (this saw the deceased a abave, (1) (we) (did) | s hospital) attended the | deceosed from | | death accurred on the da | | |
| <i>†</i> | 220.1 certify that (I) (thi | s hospital) attended the live on (did not vice bod) | 10 0 | DEGREE | MEDICAL STAF | 22c. DAT | |

.A. ... V Salkanty N. N. All e-may staures. Letienot tras | French | Barriodano BOILW INCO Harrison Larrangery Boldmert-2500.000.000 a secondaria de materiale nt-on-cours, when the blubauch, Valo sweets, so. (Jahan M) Dan Ar Secure the recommendation Surface Cart Jan 1980 1980 - Lake Date Deret Francish Hore, Prostitute, 14. 21532

FOR - STATE REGISTRAR

FEMALE

14 FATHER'S NAME

1. DECEASED NAME (TYPE OR PRINT)

3. SEX

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

SLIDER

5. DATE OF BIRTH MONTH

SEPT.

CERTIFICATE OF DEATH

| ATH | REG. NO. | | | | | |
|---------|--------------------------------|-----------------|------|----------------|----------|--|
| | 20. DATE OF DEATH MONTH | DAY | YEAR | 26 HOU | JR _ | |
| | FEBRUARY 8, 19 | 985 | | 3: | 35 p. | |
| | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER 1 YEAR | | IF UNDER 24 HR | | |
| 1908 | 76 YRS. | MONINS | DATS | HOURS | MIN | |
| RRIED 🗆 | 9 BALTIMORE CITY OR COUNT | Y OF DE | ATH | | | |
| RCED [| ALLEGANY | | | - 11 | M | |

| OUNTRY MARYLAND | USA | MARRIED NEVER MARRIED WIDOWED DIVORCED |
|--------------------------|----------------------|--|
| 10 CITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL | NURSING HOME OF OTHER INSTITUTION |

4 RACE

WHITE

CATHERINE

6.

120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY HOUSEWIFE

LOUISANA AVE

13e.STREET ADDRESS / ZIP CODE

MEMORIAL HOSPITAL & MEDICAL CENTER CUMBERLAND USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130. STATE MARYLAND ALLEGANY CUMBERLAND

YESTIX 15. MOTHER'S MAIDEN NAME AGNES

MIDDLE EMERICK

HARRY 160 WAS DECEASED EVER IN U.S. ARMED FORCES?

17 INFORMANT

ADDRESS

(YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I. DEATH WAS CAUSED BY.

COLLEEN SLIDER RED 6 BOX 115 CUMBERLAND MD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH Enter only one cause per line for (a), (b), and it

IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost.

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:00

ELMIRA

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

LIGHTFOOT

190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED

20n AUTOPSY?

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [

COUNTY

STATE

210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED

21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M 21e. PLACE OF INJURY

21c. HOW INJURY OCCURRED FENTER NATURE OF INTUR 21f LOCATION

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the desensed from sow the deceded alive an obole, (I) (we did) (did not) view the body after death

23b. DATE

STREET

that (1) (we) last and that in/(my) (aur) apinian death accurred on the date and have and from the causes stated 22c DATE SIGNED

CITY OR TOWN

206. SIGNATURE 224 PHYSICIAN'S NAME ITYPE OR PRI

ATTENDING MEDICAL. DIRECTOR PHYSICIAN 22e ADDRES

MEMORIAL HOSPITAL MEDICAL BUILDING

DR. GUY FISCUS

BURTAT

230 BURIAL, CREMATION, REMOVAL

CUMBERLAND, MD 21502 23c. NAME OF CEMETERY OR CREMATORY HILLCREST BURTAL PARK

DEGREE

CITY OF TOWN

CUMBERLAND ALLEGANY MD.

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(SPECIFY)

CERTIFICATION

MEDICAL

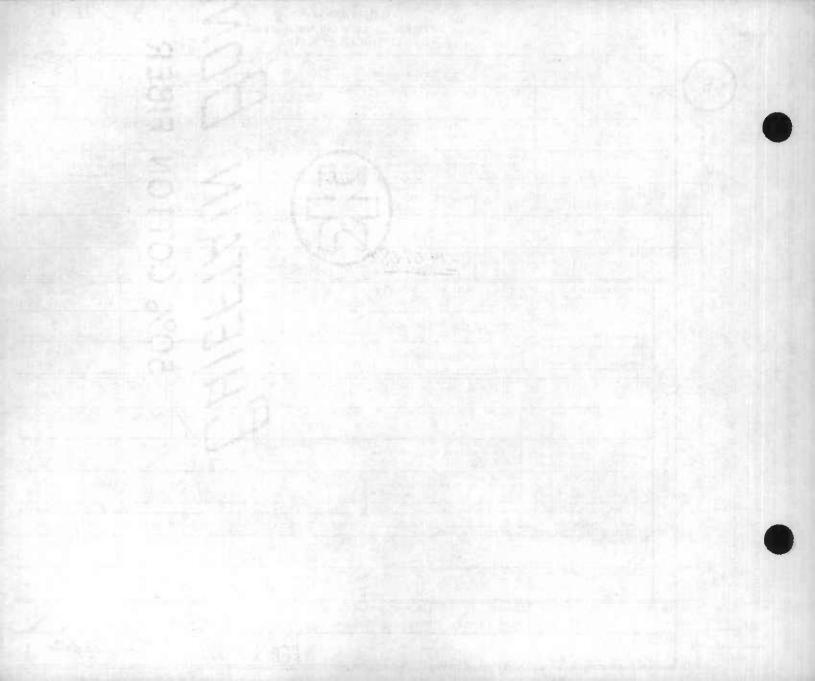
(VRA 15, 4)

FUNERAL uld be deta

MPORT

ADDRESS

250 DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE



THE DEED COUNTY IS SECURED, WITH THE PASS OF THE PASSES OF

1 - FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO.

| | CEASED NAME OR PRINT) | FIRST | , | AIDDLE | L. | AST | 20 DATE OF DEATH | MONTH D | AY YEAR | 8:00 A |
|---------------|--------------------------|------------------|--------------|--|-----------------|--------------------------|---------------------------|-------------------|-----------------|------------------------------------|
| | | HOWARI |) J | OHN | SNYDI | ER | FEBRUARY 2 | | WILL | 0.00 A |
| 3 SE | X | 4. | RACE | | 5. DATE C | | 6 AGE IN YEARS LAST BIR | | FUNDER I YEAR | IF UNDER 24 HRS |
| | Male | | Whit | e I | ov. | 4, 1908 | 76 | YRS | ONTHS DAYS | HOURS MIN. |
| | RTHPLACE (STATE OF | FOREIGN 76 | CITIZEN OF | WHAT COUNTRY? | 8 AAA DO IET | NEVER MARRIED | 9 BALTIMORE CITY | R COUNTY | OF DEATH | |
| | PA | | USA | | WIDOWE | | Alle | gany | | M |
| 10 C | ITY OR TOWN OF DE | ATH II | | HOSPITAL, NURSING | | R OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OF |
| CI | JMBERLAND | N | | L HOSPITA | | | Enginee | | Rail | road |
| | AL RESIDENCE (IF NUE | 136 COUNTY | | GIVE RESIDENCE BEFORE | | 1134 INSIDE CITY LIMITS? | 13e STREET ADDRESS | / ZIP CODE | | WALLE. |
| I | Maryland | Alle | gany | LaVal | | YES 🔀 NO 🗌 | 705 Bra | ddock | Ave. | /21502 |
| 14 F/ | ATHER'S NAME | MIC | DOLE | LAST | | 15 MOTHER'S MAIDEN NA | WE | | IAS | ST. |
| | Bruce | 100 | S | nyder | | Annie | | | Wahl | |
| | WAS DECEASED EVER | IN U.S. ARME | | 166 SOCIAL SECUP | RITY NO. | 17. INFORMANT | ADDR | | | |
| | No | (11) 65 0 116 1 | AR OR DATES, | 217-10-77 | 40 | Anna L. Sn | yder - sa | me as | abov | е |
| | 18 CAUSE OF DEA | | | food and band | - na | 1 | 1000 | | BETWEEN | IMÀTÉ INTERVAL ONSET AND DE ATH |
| | PART I. DEATH V | IMMEDIATE | | man | 11/14 | much n' | ruge | | | |
| | | | DUE TO, OI | Y Museus | CE OF. | 0111 | | | | |
| | Conditions, if any | y, which | (b) | Mari | m | CVF | | | | |
| | gave rise to im | | DUETO | AS CONSEQUE | NCE OF | | hite the I | | | |
| | underlying caus | e last. | (() | W C | | | | | | |
| | PART 2 OTHER SIG | NIFICANT CO | NDITIONS CO | NTRIBUTING TO D | EATH BUT | NOT RELATED TO THE TERM | AIN AL DISEASE OR CON | DITION GIVE | N IN PART 110 | a |
| ON | | | | | | | | | | |
| CAT | 190 DATE OF OPERA | MOITA | 196 CONDI | TION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | | WERE FINDIN | |
| CERTIFICATION | | | - | | | | YES NO | YES | _ | NO [|
| CER | 210 ACCIDENT WAS UN | | 216. TIME O | | Y YEAR | 21c HOW INJURY OCCUR | RED (ENTER NATURE OF INJU | IRY IN ITEM 18 PA | RT I OR PART 2) | |
| DICAL | OR CONTRIBUTING | | HOUR A. | 4 | 19 19 | | | | | |
| DE | 21d. INJURY OCCUP | | 21e. PLACE (| Name and Address of the Owner o | | ZII LOCATION | | | | |

NOT WHILE

opinian death accurred on the date and have and from the causes stated

DEGREE

ATTENDING PHYSICIAN MEDICAL STAFF

DR. T. WILLIAMS

220 MEMORIAL HOSPITAL CUMBERLAND, MARYLAND

MEDICAL BUILDING

Burial

231 NAME OF CEMETERY OR CREMATORY Rest Lawn Mem. 1985

LaVale

21502

24 FUNERAL DIRECTOR DHMH - 16 60M 7/B4

hould be detached for use as the bural-transit permit. Then pleas with the State Dept. of Health and Mental Hygiene prior to burial.

FUNERAL DIRECTOR

(VRA 15, 4)

MPORTANT: If he

LaVale, MD John J. Hafer, Jr.

23b. DATE

Feb.

Allegany, 25 8 1985 256 Stellar Buri la

705 Treddook Ave. 171502 . stevel wittegelfa brely ak avoda as wes - the very J same Tab. 27, 1985 Rest Laws dec. law-let. John J. Harler, Jr. LaValor Mil

| ノン | 3. SE | PHOEBE | IRENE | CME | | | | | | |
|----|---------------|--|--|---|---|------------------------------|------------------|-----------------------|----------------|--|
| 1 | | | | | ITZER | FEBRUARY | 15 1 | 985 | 4:00 | |
| 1 | 77 | 1 | 4. RACE | 5. DATE C | | 6. AGE (IN YEARS LAST BIR | | IF UNDER I YEAR | IF UNDER 24 HE | |
| 1 | | emale | White | 9month | 17 PA1909 YEAR | 75 | YRS | ONIHS DAYS | HOURS MI | |
| 5 | | RTHPLACE ISTATE OR FOREIGN | 76 CITIZEN OF WHAT COUNTRY? | MARRIE WIDOWE | D NEVER MARRIED DIVORCED | ALLEGANY COUNTY | | | | |
| 7 | Cu | TY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET SACRED HEART H | OSPITA | | 12b. KIND O | estic | | | |
| 32 | 120 0 | AL RESIDENCE IN NURSING HOMEOUTATE TATE TYPIAND TYPIAN | ett Swanton | | 13d. INSIDE CITY LIMITS? | PART ADDRESS / ZP CODE 21561 | | | | |
| 10 | | THER'S NAME | MIDDLE Paugh LAST | | 15. MOTHER'S MAIDEN NAME Maryest Rhodes | | | | | |
| 2 | 160° V | VAS DECEASED EVER IN U.S. AF | RMED FORCES? 216 15 SECTION OF THE PROPERTY OF | 4670 | Mrs. Gloria | Gerver Mart | | g, W.V | a. | |
| | NOIL | | | NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE T | | | | | | |
| 9 | CERTIFICATION | 190 DATE OF OPERATION | . 19b. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? | IN CERTIF | , WERE FINDING CAUSES | | |
| 9 | | 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE | HOUR A.M. MONTH DA | AY YEAR | 21c. HOW INJURY OCCURI | RED (ENTER NATURE OF INJU | RY IN ITEM 18 PA | ART I OR PART 2) | | |
| | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 216 PLACE OF INJURY LAT HOME STREET, FACTORY, OFFICE, F | FARM ETC) | 211 LOCATION STREET | CITY OR TO | IWN | COUNTY | STATE | |
| 1 | | | at lattended the deceased from 19 11 yew the bady after death. | | nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN | MEDICAL STA | FF | and from the | | |
| | | | | | EMETERY OR CREMATORY | 23d LOCATION | | | | |

STATE OF MARYLAND

BOALS FUNERAL HOME

A CARLE THE ALL AND THE ALL AN

emain Lery Ander Anderson Angele A. Te. Granin warren Angelen a. Te. Granin warren Angelen Ang

Totals output Carlo Carl

| | 1. | FOR SCARPI | ELLI | FUNERAL | HOMEDEPAR | TMENT OF | TE OF MARYLAND M | ENTAL HYGI | ENE 5 | 0 3 | ં | 0 4 | | |
|------------------|---------------|---|-----------------------------------|---|---|---------------|------------------|---|---|------------------|--|---------|--|--|
| 1 | 1.05 | | | AVE. CUMBERLAND, MERJIFICATI | | | LAST | AIN | | REG. NO. | | | | |
| | | CEASED NAME | FIRST | WIDDIE | | | | | 20 DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR | | |
| | | | MRY | L |)() | TALL | | | FEBRUARY | | | 3:15 PM | | |
| | 3. SEX Female | | | 4. RACE | | | OF BIRTH | YEAR | 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER MONTHS DAYS HOURS | | | | | |
| | | | | Whit | | | 12, 190 | 3 | 81 YRS. | | | | | |
| 23 | 7o. 8 | RIHPLACE (STATEORE | 76. CITIZEN OF | WHAT COUNTRY | MARRII WIDOW | ED NEVER MA | ARRIED - | 9 BALTIMORE CITY ALLEGANY | MD. | | | | | |
| 3 | Cumberland | | | SACRE | HEART HEART | HOSPI | | NOITUT | 120. USUAL OCCUPA (TYPE OF WORK FOR MOST Retired | INDUSTRY | 26 KIND OF BUSINESS OR NDUSTRY Textile | | | |
| 35 | Ma | AL RESIDENCE (# NURS STATE LTYLAND | other institution NTY egany | GIVE RESIDENCE BEFORE 13c. CITY OR TO Cumber. | | YES X | NO 🗌 | 13. STREET ADDRESS / ZIP CODE 717 Maryland Ave. | | | 21502 | | | |
| / (Min | | Henry F | rank] | | LAST | | Lau | rst I ra nmn | WIDDLE | Ĺ | AST | | | |
| e medicol | | MAS DECEASED EVER YES, NO OR UNKNOWN) NO | | MED FORCES? | VAR OR DATES) | | | | ADDRESS Daughter & Son Logan, Cortez W. Childress | | | | | |
| £ (| | 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and Ic). PART I, DEATH WAS CAUSED BY. | | | | | | | | NONSET AND DEATH | | | | |
| injury, ar other | NOI | DUE TO, OR AS A CONSEQUENCE OF Underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 A SC VD | | | | | | | | | | | | |
| 9 | CERTIFICATION | 19a DATE OF OPERAT | ION | 196 COND | ITION FOR WHIC | H OPERATIO | ON WAS PERFOR | MED | 200 AUTOPSY? 200 IF YES, WERE FINDING IN CERTIFYING CAUSES CO YES NO YES | | | | | |
| 3 | | 210. ACCIDENT WAS UND OR CONTRIBUTING C | AUSE OF DEA | | M. MONTH | DAY YEAR | 21c HOW INJU | URY OCCURR | RRED (ENTER NATURE OF INJURY IN ITEM 18 PART : OR PART 2) | | | | | |
| 1 | MEDICAL | 21d. INJURY OCCURR | ILE [] | 21e PLACE | OF INJURY REET, FACTORY, OFFICE | E FARM, ETC.) | 211 LOCATION | 7 | CITY OR T | OWN | COUNTY | STATE | | |
| h 21 is in | | 22a I certify that (I) (this hospital) attended the deceosed from, 19, to, 19, that (I) (we) lo sow the deceosed olive on, 19, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body after death. | | | | | | | | | | | | |
| NT. # | | 226 SIGNALIPE DEGREE MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 3 224 PHYSICIAN'S NAME (TYPE OR PRINT) 1226 ADDRESS | | | | | | | | | | | | |
| MPORTANT | | GEOR | GE BE | EZA, M.D. | | | | | DRIVE CUN | MBERLAND | , MD. | 21502 | | |
| 3 • | 230 | BURIAL, CREMATION, | REMOVAL | | | | CEMETERY OR CR | | 23d LOCATION | | OUNTY | STATE | | |
| _ | _ | Burial | | 3-3-1 | 3-3-1985 Sunset Memorial Park Cumberland, Allegar | | | | | | | | | |
| 7/84 | 24 F | JNERAL DIRECTOR NAME James | F. S | carpell | i, Cumbe | erland | , Md. | 25a. DATE | REC'D. BY REGISTRA | R 25b. REGISTRA | R'S SIGNA | TURE | | |
| | | | | | | | | MAK U | D MESO 4 | | | | | |

TARREST TARREST TARREST TO STANDARD PROT. BO YOUR HETER oping 25 . 1000 of 26 . 12, 1000 INTEREST TAKES CERTIFICATIONS IN TRANSPORTED CORIS Law Marie District marghing a garden come come of the Committee to the second of
Leasure-Stein Funeral Home, Ind

230 Baltimore Ave. Cumberland, MD

FOR

REGISTRAR

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/B2 (VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

126 KIND OF BUSINESS OR

Higgins

Sarasota, Flor APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

STATE

COUNTY

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNAT

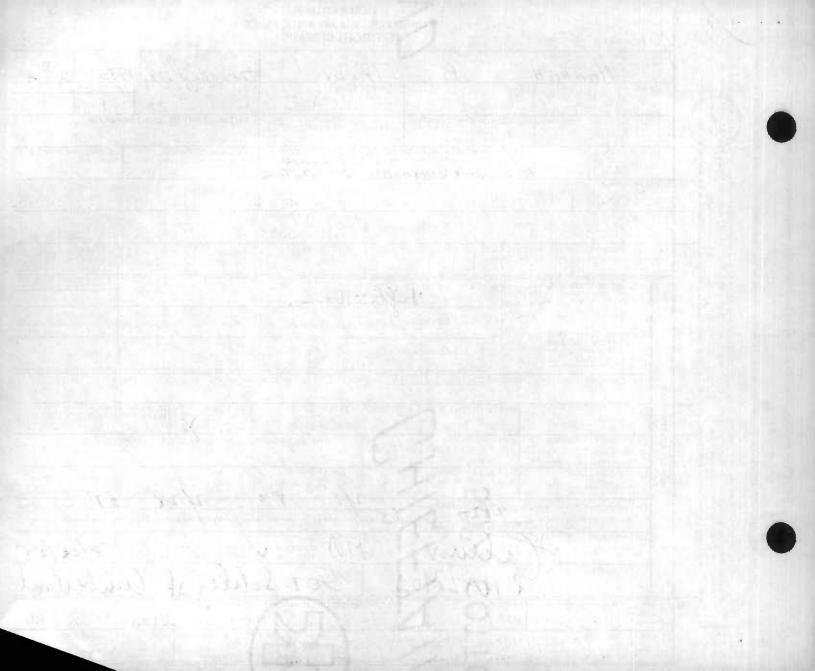
215040

22c. DATE SIGNED

IF UNDER 24 HRS

IF UNDER 1 YEAR

INDUSTRY



CLANDING WINELESS IN

| | . 1 | tell | | .0-22a 0/ | 21/00 | DEDART | | | ARYLAN | | VOIEN | and a | a | 3 | 3 0 / | | |
|----------------------------|--|---|---|--|---------------------------------------|---------------------------------------|---|--|-------------|--------------|-------------------|--------------------------------|--------------------------|-----------------------------|-----------|-------|--|
| | 1681 | FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE) 1 - STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO. | | | | | | | | | | | | | | | |
| | 11 De | T. DECEASED NAME FIRST MIDDLE LAST 20 DATE KNOWN 77 MONTH | | | | | | | | | | DAY YEAR | 25 HOUR | | | | |
| | (B B B B B B B B B B B B B B B B B B B | TYP | E OR PRINT) | Michae | nael Wright | | | Tirban | | | | DEATH MATED 2/2 | | | 27/ 19 85 | M | |
| | STORES OF THE | 3. SEX | | White | 5. DATE OF MONTH 7/4/ | DAY YEAR | 6. AGE (IN YEAR LAST BIRTHDA | Y) MONTH | | IF UNDER | 24 HRS. MIN. | 2c. DATE PRONOUNC DEAD | CED | MONTH 2 | DAY YEAR | 11:20 | |
| V_ | 325467 | 7a BI | RTHPLACE (STA | | | OF WHAT COU | | | | UEB 44 A BBI | | | ORE CITY O | OR COUN | 19 85 | AM | |
| • | 8 | FO | Michic | gan | | USA | "MARRIED NEVER MARRIED WIDOWED DIVORCED & | | | | A112 | gany | -V | AAD | | | |
| | A CARE STATE | 10. CI | TY OR TOWN C | OF DEATH | (IF NOT IN | SUCH FACILITY, GIVE | OR OTHE | VED U DIVORCED & Allegany Control IZE USUAL OCCUPATION IZE USUAL OCCUPATION IZE IZE USUAL OCCUPATION IZE IZE | | | | | E OF WORK | 126 KIND OF B OR INDUS | USINESS | | |
| - | DEN STEE | | | IF IN NURSING HOME C | OR OTHER INSTITU | | E BEFORE ADMISSIO | IN) | | 1122 | - | | - | | | - | |
| 2120 | A PER | 130. 5 | MD 136 COU | | gany | | erland | | YES NO X 42 | | | REET ADDRESS 2 Virginia Ave | | | ., 21502 | | |
| WD. | 1 A2332 | 14. FA | THER'S NAME | | WIDDLE | 15 MOTH | | | | | HER'S MAIDEN NAME | | | | | | |
| , E | AN A | | Russe | | | Ti | | | Marjo | orie | Mio | Williams | | | | | |
| LIMO | A SERVE | 16a V | S. NO. OR UNKNOV | WN) IF YES, GIVE | IN U.S. ARMED FORCES? 166. SOCIAL SEC | | | | 17. INFORA | | | ADDRESS | | | | | |
| BAL | A PAGEN | | Yes Vietnam 376 46/0833 Estes-Leadley Funeral Hor | | | | | | | | | | | | | | |
| 15 | MIN WITH | 13 | 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Multiple drug overdose | | | | | | | | | | APPROXIMA BETWEEN ONS | TE INTERVAL ET AND DEATH | | | |
| NO | PER GIEN | | XXXX | IMMEDIA | TE CAUSE (o) | TO, OR AS A CO | | | 10056 | | - | | - | | | | |
| PRESTON | ITHIN 24 I CIL IN ITEN NER ALON ANSIT PER AL HYGIE REMOVAL | | | s, if ony, which | | | 102002/1020 | | | | | | | | | | |
| 3 | NA KENO | | couse (o) | ta immediate stating the <u>under-</u> | DUE | TO, OR AS A CO | NSEQUENCE C | F | | | | | | | | | |
| 201 | EXA EXA ON, | 1 | lying couse lost: (c) | | | | | | | | | | | | | | |
| ORDS | E EXEC DING" DING" TH AN | 2 | PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). | | | | | | | | | | | | | | |
| E C | PENDI PENDI PENTI PENTI L, CRE/ | CERTIFICATION | 19a DATE OF | OPERATION | 19b (| CONDITION FOR | WHICH OPER. | ICH OPERATION WAS PERFORMED? | | | | | 20. AUTOPSY | ? | | | |
| ITAL | A PARENTAL | TIFIC | | | | | | | | | | | | | YES 👽 | NO 🗆 | |
| DIVISION OF VITAL RECORDS. | III CATE SHOULD BE EXECUTEE THE WORD "PENDING" IN F TO THE CHIEF MEDICAL EXA HOULD BE USED AS A BURIAL MATIMENT OF HEALTH AND MI REPORTED FOR THE SHOON, | | THINDERIVING I TOR THOUGH A.M. MOININ DAT TEAR | | | | | | | | | | | | | | |
| VISIO | DEPA PRESENT | MEDICAL | 21d INJURY O | | | PLACE OF INJURY | | | ATION | | | CITY OR TOW | М | 50 | UNTY | STATE | |
| 5 | WER AGE | 5 | AT WORK | NOT WHILE D | 8 | home 42 Virginia Ave. Cumberland, Md. | | | | | | | | | ONIT | STATE | |
| | ATE. T | 14 | 22a I certify that I taak charge of the remains described above, held on Autopsy 💢 . Inspection 🔲 , Inquiry 🔲 , and in my opinion | | | | | | | | | | | | | | |
| | MIN THE PARTY AND THE PARTY AN | | death resulted from: Natural causes . Academt . Suicide . Homicide . Undetermined manner . | | | | | | | | | | | | | | |
| | EXA DIRECTER WAR | | ACTUAL | | 1 | m | / | | TITLE (S | PECIFY) | | | | DATE | | | |
| | SEATH COSE. | 1 | SIGNATURE_ | | 1 | DIV | | M. | D Assi | istant | MED. | ICAL EXAMI | NER | SIGNE | D 2/28/ | 85 | |
| | MSWSW3 > | 1 | EXAMINER'S N | NAME GY | egory | R. Kaufi | man, M | D. / | ADDRESS. | 4.73 | 111 | Penn | St. | | | | |
| | DATE | 15 | PECIFY\ | ION, REMOVAL 2 | 36. DATE | 23c. | NAME OF CEA | NETERY OF | CREMATO | | 23d. LC | CATION | | COIII | NTY | TATE | |
| 07/B4 25M | BP 060 | | | -Burial | | | hapel | Hill | | | | linton | | | Michi | gan | |
| 23 <i>P</i> N | DHMH - 17 | | NAME | ror 4905 | | ADDRESS | | | | ALAD | A PEC'D. BY | REGISTRAR | 256. REG | STRAR'S S | - Jandale | - | |
| | (VR A15 ME (5)) | H | enry V | V. Jenk | ins & | Sons C | o.,Bal | to., | Ma. | MAIN | 살 | 1985 | | | | * | |

The state of the s earth section of the first Homes the For evel-Purist 2-1 es Chidel Pill Cen years Office County, Night and Said of rate of Pranty W. Jandina S. John Co., 2010, J. M. W. Williams

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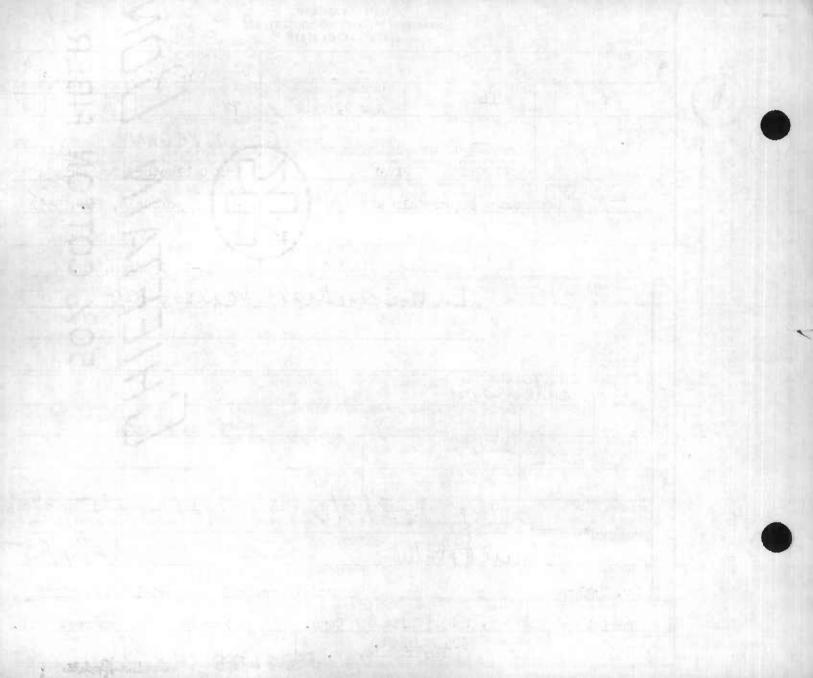
DHMH - To 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

| | 1 - | FOR STATE REGISTRAR | | DEPARTA | DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. | | | | | | | |
|---|---------------|---|----------------------|---|---|--|--|------------------------|-----------|-----------------------------------|--|--|
| 1 | | CEASED NAME FIRST | M | IDDLE | į, | AST | 20. DATE OF DEATH | MONTH DAY | YEAR | 26 HOUR A | | |
| 1 | LITPE | | ANCHE | E | П | ROUTMAN | FEBRUARY | 3. 1985 | | 11:10 M | | |
| ı | 3. 5EX | | 4 RACE | | S. DATE C | | 6 AGE (IN YEARS LAST BH | RTHDAY) IF UN | DER TYEAR | IF UNDER 24 HRS | | |
| à | 1 | f | White | | момти Ато | 0 1010 | 72 | YRS | 5 DAYS | HOURS MIN. | | |
| 9 | a Bil | RTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF V | VHAT COUNTRY? | 8 | | 9 BALTIMORE CITY | | EATH | | | |
| 2 | • (| Pa. | USA | | WIDOWE | D NEVER MARRIED (X) | 6110 | GANY | | MD. | | |
| 7 | 10 CI | TY OR TOWN OF DEATH | 11 NAME OF H | OSPITAL, NURSIN | IG HOME O | R OTHER INSTITUTION | 120 USUAL OCCUPAT | | | F BUSINESS OR | | |
| 1 | 100 | MBERLAND | MEMOI | RIAL HOSE | PITAL | | Tax Coll | | owns! | hip | | |
| 2 | 13a. S | TATE Pa. ILL COUR | VIV | give residence before 13c. CITY OR TOW Meyersda | N | YES NO T | M. M. | / ZIP CODE ersdale, | Pa. | 15552 | | |
| 7 | 14 FA | THER'S NAME | MIDDLE | LAST | | 15 MOTHER'S MAIDEN NAM | ME | | LAS: | | | |
| e | 2 | | | Troutman | | Lillie | | Mary To | | rick | | |
| ķ | | VAS DECEASED EVER IN U.S. AR | MED FORCES? | 166 SOCIAL SECU | RITY NO. | 17 INFORMANT | ADDR | ESS | | 4 | | |
| 7 | | No | | 213-40- | -3441 | Shirley Emer | ick RD-1 | Hyndman | | | | |
| | | 18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE | | ine for (a), (by and | dict. | and head | 40 14 00 | cal out | BETWEEN C | IMATE INTERVAL ONSET AND DEATH | | |
| | | IMMEDIA | TE CAUSE (a) | | ac | CO FOR | Me poca. | 0.00 | | | | |
| | | Conducting the state of | DUE TO, OR | AS A CONSEQUE | NCE OF | | | | | | | |
| | | Canditians, if any, which gove rise to immediate | (b) | | | | - 1 1 1 1 1 1 1 1 | - | | | | |
| | | cause (a), stating the underlying cause last. | 1 | AS A CONSEQUE | NCE OF | | | | | | | |
| | | PART 2 OTHER SIGNIFICANT | (s) CONDITIONS CO | NTRIBUTING TO E | NOT RELATED TO THE TERM | RMINAL DISEASE OR CONDITION GIVEN IN PART 1 to | | | | | | |
| H | ĕ | Huperlewand | | | | | | | | | | |
| 0 | CERTIFICATION | IN DATE OF OPERATION | 196 CONDI | ION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 206 IF YES, WE | | | | |
| 1 | TIFIC | | | | | | YES NO | OF DEATH? | | | | |
| 3 | CER | TO ACCIDENT WAS UNDERLYING | 110110 11 | | V VEAR | 21c. HOW INJURY OCCURR | JRRED (ENTER NATURE OF INJURY IN ITEM 18 PART OR PART 2) | | | | | |
| 1 | AL | OR CONTRIBUTING CAUSE OF DE | 1117 | | 19 | | | | | | | |
| | MEDICAL | 214 INJURY OCCURRED | 21e PLACE C | OF INJURY | | 211 LOCATION | CITY OR 75 | OWN (| COUNTY | STATE | | |
| | × | WORK NOT WHILE | (AT HOME STRE | ET, PACTORY, OFFICE F | ARM, ETC.) | 1 - 1 | | | | | | |
| | | 22a I certify that Withis hosp | | deceased Iram_ | 21 | 5/ 1985 | to 2 / | 2 19_ | 87 | that (we) lost | | |
| | | saw the deceased alive an abave, (1) (we) (did) (did no | w view the body | offer death | 5 4 | d that (n (my) (aur) opinian o | death occurred an the | ate and haur and | from the | causes stated | | |
| | | 276 SIGNATURE 226 DATE SIGNED | | | | | | | | | | |
| | | 5 | will | Doll | 107 | | MEDICAL STA | FF CIAN [| 4 | 4/8 | | |
| | | 22d PHYSICIAN'S NAME (TYPE C | OR PRINT) | | | 22e ADDRESS Medi | cal Buildin | 10 | | 11 | | |
| | | Dr. Nathan | | | | Memorial Hos | | | Md. | 21502 | | |
| | | BURIAL, CREMATION, REMOVAL | 23b. DATE | 23c N | NAME OF C | EMETERY OR CREMATORY | 23d LOCATION | | YINI | STATE | | |
| | | Burial | Feb 6, | 1985 Wh | ite O | ak Ceme. | Meyersda | Le RD4 Se | omers | et Pa | | |
| | MEL | UNERAL DIRECTOR | 1 | 325 Mair | ı Şt. | | E REC'D. BY REGISTRAF | 25b. REGISTRAR" | SIGNAT | URE | | |
| | 11 | Villiam Khin | I | Meyer | sdale | , Pa. FED 1 | 1 1005 / | P. | 5 | | | |



FROSTBURG

SOWERS FUNERAL HOME

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE

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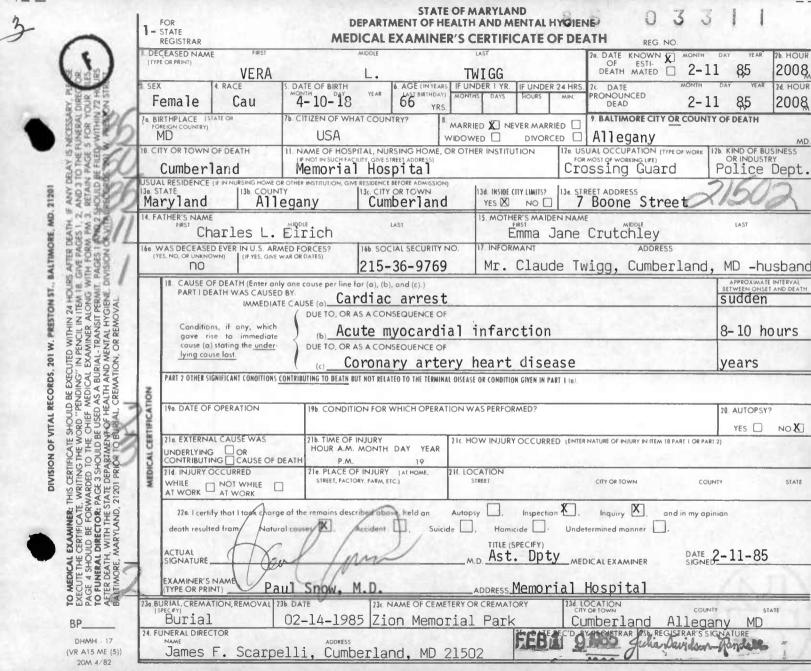
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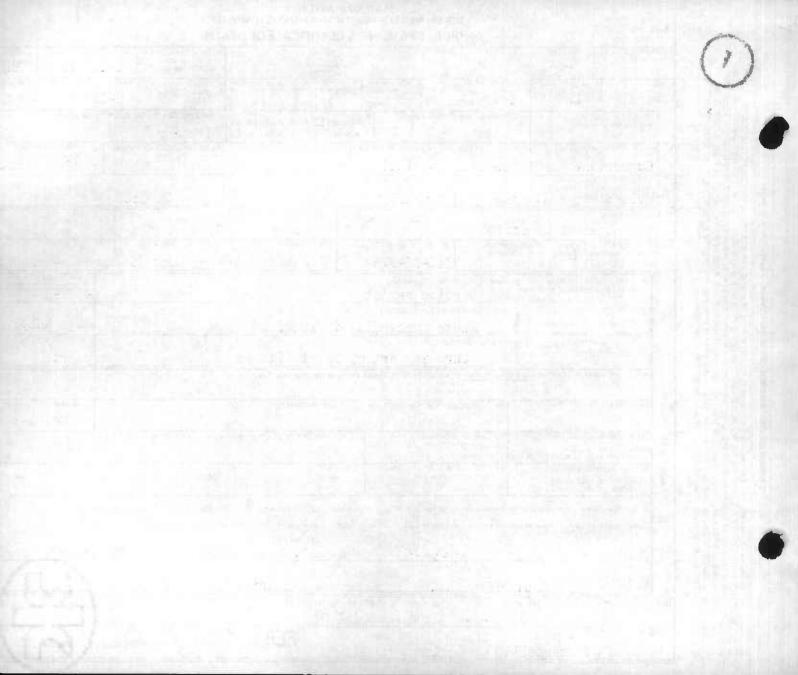
Felia Davidson

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(VRA 15, 4)

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Dearperra

STATE OF MARYLAND

James F. Scarpelli, Cumberland, MD 21502

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) RAYMOND February 20, 1985 VALENTINE. SR AGE (IN YEARS LAST BIRTHDAY) 3. SEX 09-18-1909 Male white Ta BIRTHPLACE (STATE OF FOREIGN THE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED WIDOWED DIVORCED Allegany IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY retired Cumberland Memorial Hospital USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? Allegany Cumberland 57 Blackiston Avenue/21502 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Elmer Valentine Mary Elizabeth Kraus 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT (YES. NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST Mrs. Anna M. Valentine. Cumberland. MD-wife 214-07-0087 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190. DATE OF OPERATION 206 IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOX 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 21a ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET FACTORY OF THE WHILE NOT WHILE and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 226 SIGNATUR DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Memorial Hospital Medical Building Dr. T. Williams Cumberland, MD 21502 23¢ NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23b DATE Burial Cumberland Hillcrest Burial Park Allegany 02-23-1985 250 DATE REC'D BY REOSTRAR THE REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

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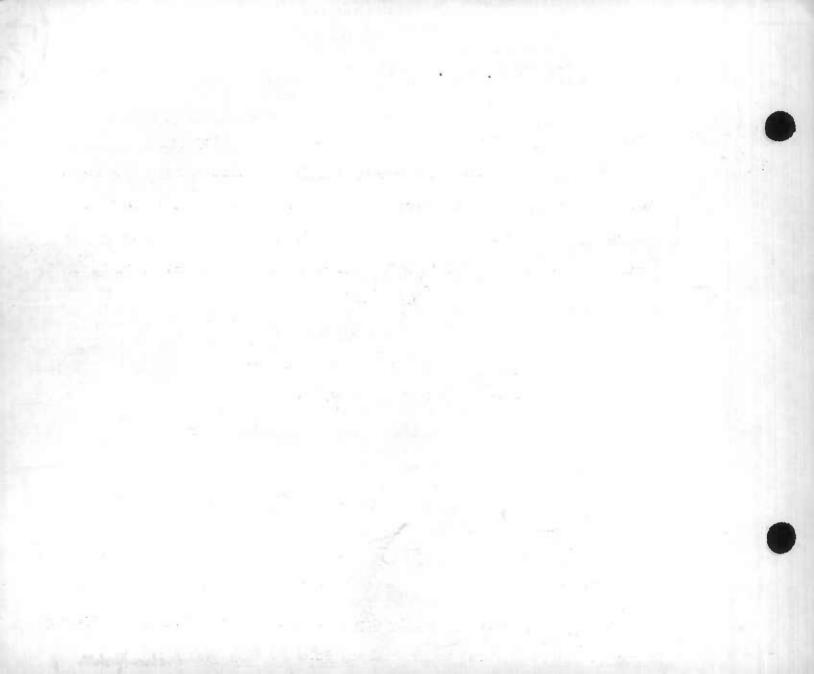
DEPARTMENT OF HEALTH AND MENTAL HYSIENE - STATE REGISTRAR REG. NO L-DECEASED NAME 20. DATE KNOWN MONTH NEISON (TYPE OR PRINT) OF ESTI-DEATH MATED HINOM 3 SEX 4. RACI DATE LAST BIRTHDAY PRONOUNCED 30 1927 57 DEAD Dec **BALTIMORE CITY OR COUNTY OF DEATH** In BIRTHPLACE (STATE OR MARRIED NEVER MARRIED USA Allegany Maryland DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK Rail Road for most of working life)
ar Inspector Cumberland Car Heart Hospital 13. STREET ADDRESS
1134 Braddock Road LaVale Allegany Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST MIDDLE LAST Viola Mills Nelson Tavlor Warren Jr. 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? **ADDRESS** above 213-22-3050 Doris J. Warren - same as No Mrs. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RANSIT PERMIT. PART I DEATH WAS CAUSED BY YOKe IMMEDIATE CAUSE (a). OR REMOVAL DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a HEALTH DEPARTMENT OF HEAT PRIOR TO BURIAL, CO USED OF HE 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COHNTY STATE TO Met... EXECUTE THE CEN... FAGE 4 SHOULD BE PLON... TO FUNEAL DIRECTOR: P. AFTER DEATH, WITH THE ST PALTIMORE, MARYLAND, ? 220. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apinian death resulted fram: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Feb 14. 85 Rest Lawn LaVale Allegany. 24 FUNERAL DIRECTOR REGISTRAR **DHMH - 17** John J. Hafer, Jr. LaVale. MD in a way door fandalle (VR A15 ME (5)) 20M 4/82

STATE OF MARYLAND

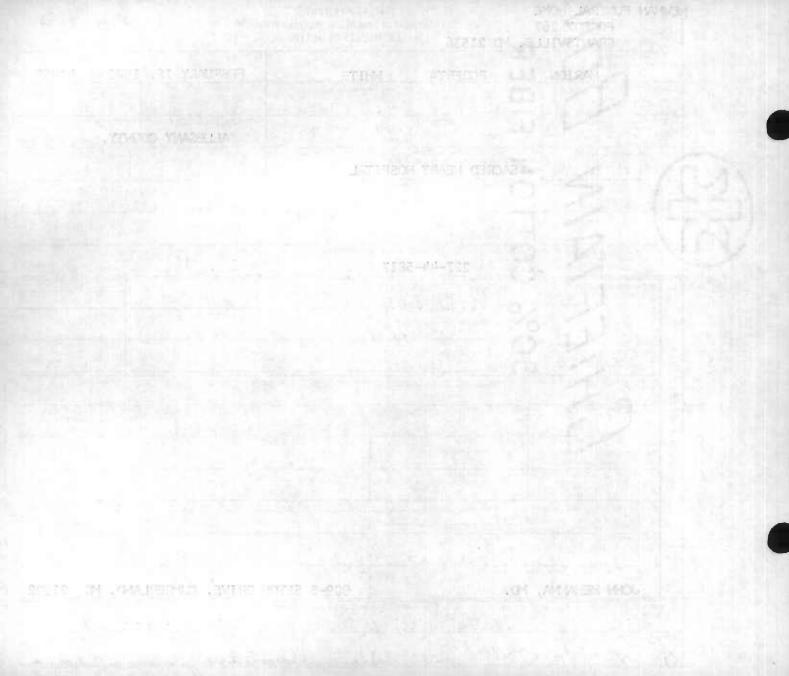
http://tel Drost Link Township Toll of - fertigate proper barrer hands dine loans of the real En dines - myster . Durant . Tark 0005-17-578 Colum V. Berfer, des Blanches and Training of mice

| | | EASED NAME FIRST | | | | | REG. N | J. | | |
|----------------------|------------------|--|--|---|----------------------------|---|--|----------------------|---------------|-----------------|
| | | | | H . | Weidne | | 2a. DATE OF DEATH | 2 : | 3 85 | 2b HOUR |
| 1 | 3. SE) | Male | 4. RACE White | | 5. DATE OF E | BIRTH 31 DAY 24 YEAR | 6 AGE (IN YEARS LAST BIR | THDAY) | FUNDER I YEAR | IF UNDER 24 HRS |
| 1 | | RTHPLACE (STATE OR FOREIGN OUNTRY) Pa. | | what country? | | NEVER MARRIED DIVORCED | 9 BALTIMORE CITY O | R COUNTY | OF DEATH | |
| 5/ | | rostburg | 11. NAME OF I | HOSPITAL, NURSING TH FACILITY, GIVE STREET AI | HOME OR (| other institution y Hsopital | 12a USUAL OCCUPATI (TYPE OF WORK FOR MOST O Tire Bui | ON F WORKING LIFE | | F BUSINESS C |
| 26 | | | e or other institution. DUNTY legany | GIVE RESIDENCE BEFORE A 13c CITY OR TOWN Mt. Sava | ige 1 | Id. INSIDE CITY LIMITS? | 13e.STREET ADDRESS A Box 157 B | | e 1/ 21 | .545 |
| 10 | | THER'S NAME FRST Henry | MIDDLE Weid | | | Pauline | WIDDLE | Reschk | e LAST | |
| aedico | | | ARMED FORCES? GIVE WAR OR DATES) | 166. SOCIAL SECUR | | enora A. Wei | idner, Bx 1. | | | |
| any injury, or other | ATION | PART 2. OTHER SIGNIFICAN PORT 2. OTHER SIGNIFICAN 190 DATE OF OPERATION | T CONDITIONS CO | ONTRIBUTING TO DI | Cohi EATH BUT NO MIC | Seps 4 | INAL DISEASE OR CON | 20b. IF YES, | WERE FINDIN | IGS USED |
| 9 | AL CERTIFICATION | 21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF | DEATH HOUR A. | OF INJURY M. MONTH DAY | Y YEAR | TE HOW INJURY OCCURE | YES NO RED (ENTER NATURE OF INJU | YES | | OF DEATH? |
| 5 | MEDICAL | 21d INJURY OCCURRED WHILE NOT WHILE AT WORK | 21e. PLACE | | 2 | If LOCATION STREET | CITY OR TO | wn | COUNTY | STATE |
| II. If Item 21 is mo | | 22a I certify that (I) (this has sow the deceased alive above, (I) (wa) (did) (duc) 22b. SIGNATURE | | | | that in (my) (aur) opinion of GREE ATTENDING PHYSICIAN | to | FF | | |
| / | | 22d PHYSICIAN'S NAME (IV Dr. San | dhir | | | | rr. KKX Fro | stburg | MD 21 | 1532 |
| | (| URIAL, CREMATION, REMOV SPECIFY) Burial UNERAL DIRECTOR | AL 236. DATE | | | Vet. Cem. | Rt 1, F1i | | | |

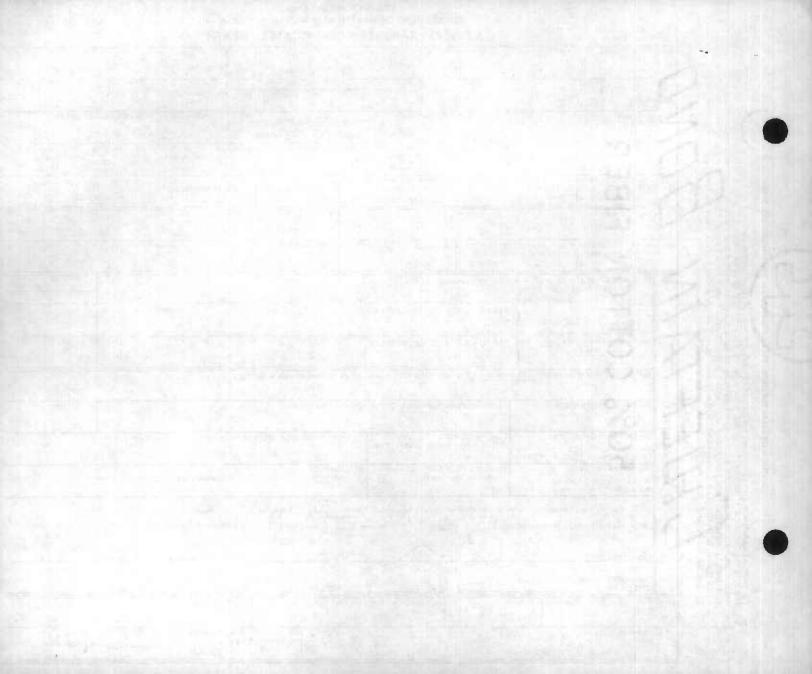
STATE OF MARYLAND



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|--|---------------|---|--|------------|---------------------------------|---------------------------------------|---------------------|----------------------|
| | 1 | STATE PU BUX 20 | | | HEALTH AND MENTAL HYG | IENE | | 10.27 |
| | | REGISTRAPGRANTSVIL | LE, MD 21536 | | FICATE OF DEATH | REG. NO. | | |
| m F | | CEASED NAME FIRST | WIDDLE | | LAST | 20. DATE OF DEATH MONTH | DAY YEAR | 26 HOUR |
| poge 3 | | MARION | ROBERTA | h | HITE | FEBRUARY 18, | 1985 | 4:05P M |
| mo) | 3. SE | X | 4 RACE | | OF BIRTH | 6 AGE (IN YEARS LAST BIRTHDAY) | IF UNDER TYEAR | IF UNDER 24 HRS |
| ctor s offi | F | emale | White | Oct. | | 50 YRS | MONTHS! DAYS | HOURS MIN. |
| dire dire | | IRTHPLACE (STATE OR FOREIGN | 76. CITIZEN OF WHAT COUNTRY? | 8 | | 9 BALTIMORE CITY OR COUN | | |
| oth off | V | irginia | USA | WIDOW | ED NEVER MARRIED DIVORCED TO | ALLEGANY CO | OUNTY. | 440 |
| de de de | | ITY OR TOWN OF DEATH | 11. NAME OF HOSPITAL, NURSIN | NG HOME | | 120 USUAL OCCUPATION | 12b. KIND C | MD. OF BUSINESS OR |
| of day | 40 | umberland / | SACRED HEART | HOSPI | ΤΔΙ | Homemaker | Own] | |
| ours fill | Usu | AT DESTRENCE HE NURSING HOME OR | OTHER INSTITUTION GIVE RESIDENCE BELOR | | | | | nome |
| Hed Sid b | | STATE ILBL COUN | | | | 13e STREET ADDRESS / ZIP CO | | 01506 |
| | | aryland Gari | rett Grantsvi | 11e | YES NO X | Star Rt., Box | 123 A | 21536 |
| with olete | / | FIRST | MIDDLE LAST | | FIRST | MIDDLE | LAS | ST |
| of of the d | | William | Mozingo | DITU LIC | Belle | ADDRESS | | |
| ond oges | | WAS DECEASED EVER IN U.S. ARI | E WAR OR DATES | | 17 INFORMANT | Star Rt., Box | | |
| be s. Po | | No l | 227-44- | -281/ | Ray Bittinger | c, Grantsville, | MD 215 | 36 |
| ysici | | 18 CAUSE OF DEATH (Enter on | ly ane couse per line for (a), (b), an | id ic) | 0 1 | / | BETWEEN | ONSET AND DEATH |
| on phoene | | | E CAUSE (0) MODEL | aht | Ca of 1 | neast. | | |
| h ce or r or r | | | DUE TO, OR AS A CONSEQU | ENCE OF / | | | | |
| deat ove oum | | Canditions, if any, which | (16) DE | Vact | ? | | | |
| the the emo | | gave rise to immediate cause (a), stating the | DUE TO, OR AS A CONSEQU | ENCE OF | | | | |
| by by cr. | | underlying cause lost | (c) yell | 211 | Ou. | | | |
| ned ined our o | | PART 2 OTHER SIGNIFICANT C | CONDITIONS CONTRIBUTING TO | DE ATH BUT | NOT RELATED TO THE TERM | INAL DISEASE OR CONDITION C | SIVEN IN PART 1 | 10 |
| The The | ON N | | | | | | | |
| bee brio | CERTIFICATION | 190 DATE OF OPERATION | 19b. CONDITION FOR WHICH | OPERATIO | N WAS PERFORMED | 200 AUTOPSY? 206. IF | TIFYING CAUSES | NGS USED |
| | I E | | | | | | YES [| NO [|
| N. The land of the | W W | 210. ACCIDENT WAS UNDERLYING | | | 21c HOW INJURY OCCURR | RED (ENTER NATURE OF INJURY IN ITEM) | 8 PART I OR PART 2) | |
| Clar | A | OR CONTRIBUTING . CAUSE OF DEA | | AY YEAR | | | | |
| ding ding Mer Mer | MEDICAL | 21d. INJURY OCCURRED | 21e PLACE OF INJURY | | 211 LOCATION | | | |
| ond ked | × | WHILE NOT WHILE | (AT HOME STREET, FACTORY OFFICE | ARM ETC) | STREET | CITY OR TOWN | COUNTY | STATE |
| Afte ost mort | | | tol) ottended the deceased from_ | 2 | - 2 - 10 85 | 10 7 - 18 - | 10 8) | that (I) (we) last |
| TEN OR OF US | | saw the deceased alive on | 2-18- 19 | ه. ک | nd that in (my) (our) opinion o | death accurred on the date and h | _ | |
| RECI RECI RECI Pot. o | | 22b. SIGNATURE | t) view the body after death. | | DEGREE | | 22c. DATE | SIGNED |
| toch F F F | | () (X | 10/0 | | | MEDICAL STAFF DIRECTOR PHYSICIAN | 9-1 | 19-01 |
| BY B | - | HE PHY STANS NAME TYPE O | RPRINT) | | 122e ADDRESS | -BIRECTOR PHYSICIAN | - 1 | 105 |
| FUN He the | | | | | | N DDIVE CUMPEDI | AND ME | 01500 |
| TO HOSPITAL TO FUNERAL should be det with the State | - | JOHN MEHANNA | | | | N DRIVE, CUMBER | LAND, MD | 21502 |
| | 230 | BURIAL, CREMATION, REMOVAL | | | CEMETERY OR CREMATORY | 23d LOCATION CITY OR TOWN | COUNTY | STATE |
| BP | | Burial | Feb.22,1985 Bi | tting | er Cemetery | Bittinger, Gar | rett, M | |
| DHMH - 16 60M 7/84 | 24 F | UNERAL DIRECTOR | ADDRESS | | | E REC'D. BY REGISTRAR 256. REGI | STRAR'S SIGNAT | TURE |
| (VRA 15, 4) | | . Lyon I fel | Eman Gran | tsvil | le, MD #EB2 | 2 5 1985, delin | ille B. | 2.00 |
| | | / | | | | | THE RESERVE A SERVE | Manager Applications |

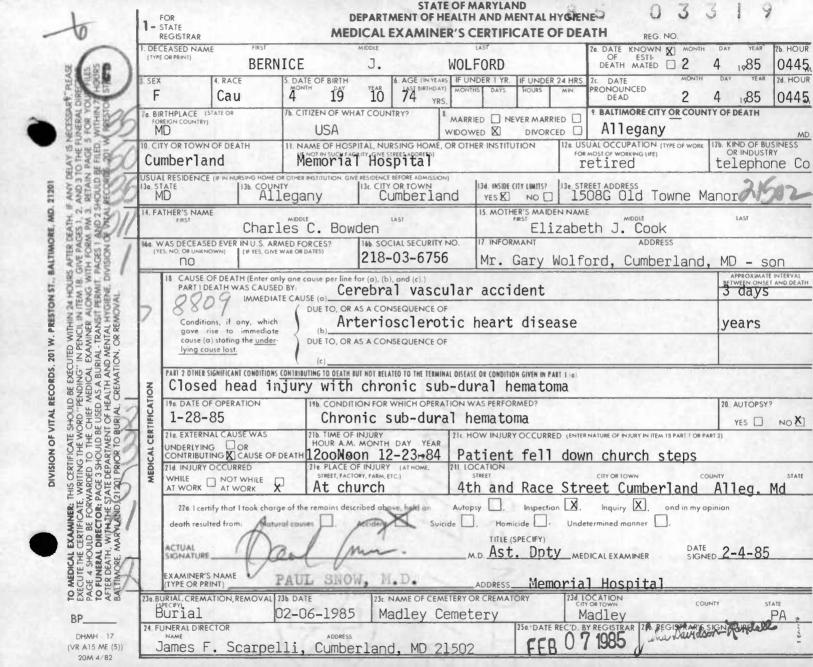


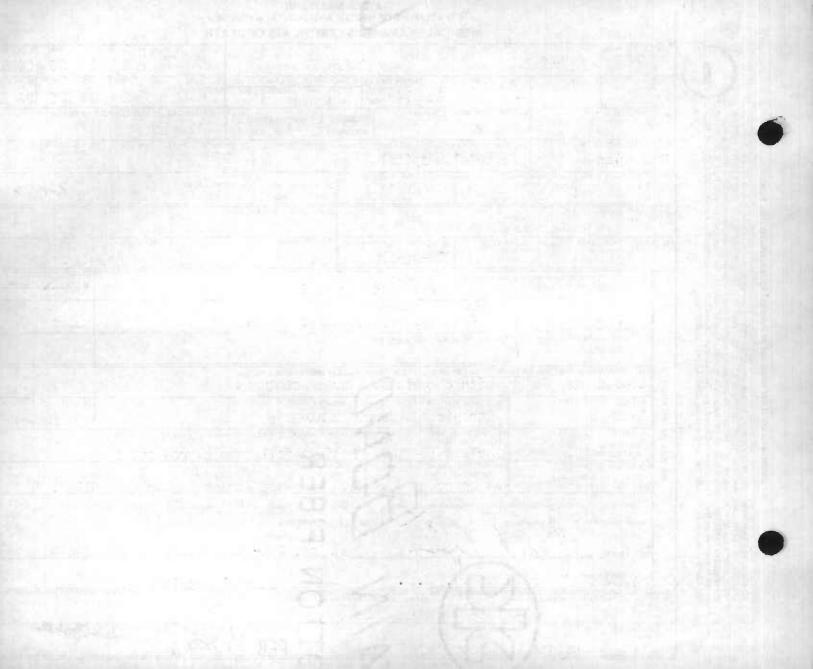
| | | , I | tems 1 | 8-22 | 2a 3/ | 7/85 | mtb | | | | MARYLAN | | C3 | | C 2 | 7 1 | 3 | |
|----------------------------|--|---------------|----------------------------|------------------------|-----------------|----------------|-------------|------------|----------------|--------------|-----------------|-----------------|-------------|-----------------|-----------------|-------------|-----------|----------|
| | | 11- | FOR F# | 601 | | | DE | | MENT OF | HEALTH | AND ME | NTAL HY | GUENE - | | US | 0 1 | 1 | |
| | - 1 | | REGISTRAR | | | | MEDI | CALE | XAMIN | IER'S | CERTIFIC | CATEOF | DEATH | RE | G. NO. | | | |
| | -/ | | CEASED NAM | E | FIRST | | M | IDDLE | | | LAST | | 2e. D | ATE KNOV | VN 😿 MON | ITH DAY | YEAR 2 | 26 HOUR |
| | ANGRE | | | 5 | Stepha | nie | Ar | nn | | W | illiam | ns | | OF ESTI | | 1 2919 | 85 | AA |
| | 50 OF | 3 SE | X | 4. RACE | 5. | DATE OF B | | YEAR | 6. AGE (IN YE | ARS IF UP | DER 1 YR. | IF UNDER 24 | | DATE | MON | | YEAR : | 2d HOUR |
| | NACES! | F | emale | Whit | 4 | | , 198 | | 4 | RS. MONT | HS DAYS | HOURS A | AIN. PROI | NOUNCED DEAD | | 1 2919 | 85 | 9:30 |
| | 887 E | 76. E | IRTHPLACE (S | TATE OR | | . CITIZEN C | F WHAT | COUNT | RY? | 8. MARR | IED NEV | ER MARRIED | 9. B/ | ALTIMORE C | ITY OR COL | JNTY OF DEA | | 141 |
| | SALE BELL | | aruland | | | U.S | S.A. | | | WIDOV | | DIVORCED | | llega | ny Cou | ntv. | | AND. |
| 2-12- | SHWE'S | | ITY OR TOWN | OF DEAT | H 1 | 1. NAME OF | HOSPIT | | | E, OR OTH | ER INSTITUT | ION I | 20. USUAL C | CCUPATIO | N (TYPE OF WO | RK 126 KIND | | |
| | ADA HODO | | Cumber: | land | | Sacre | ed He | eart | HOSP: | ital | | | (NO | ne. | E) | None | DUSTRY | |
| 5 | DESENSE. | | AL RESIDENCE | | ING HOME OR O | | ON, GIVE RE | ESIDENCE 8 | | | has mem en | en conservation | | | | 11.10100 | - 1 | |
| 212 | ANTERNA | | aruland | | Alleg | anu | | | berlar | ıd | 13d. INSIDE CIT | NO [| 3e STREET A | Fauez | tto St. | reet / | 215 | 02 |
| é | 1 AL 32.2 | | ATHER'S NAME | | | | | | | | | R'S MAIDEN | | | 0.0 | | | |
| E, A | GES 1, 2, RM PM 3. | | Alan | | ^ | MIDDLE | | (I)i | lliam | | Ba | rbara | | Jean | | Walt | hon | |
| WO | F PAGES FORM P FORM P ON OF | 160. | WAS DECEASE | D EVER IN | U.S. ARME | D FORCES? | 1 | | AL SECURIT | | 17. INFORM | | | | DRESS | wach | ,,,,,,,, | |
| BALTIMORE, | S AFTE GIVE F ITH FC PAGE IVISION | 1 ' | YES, NO, OR UNKNO | WN) (1 | IF YES, GIVE WA | R OR DATES) | | (No | nol | | Banha | na Too | in Wil | Piams- | -Addro | ss same | 2 016 | #13 |
| | 3 m ≥ L O | | 18 CAUSE C | FDEATH | (Enter only o | one couse pe | r line for | | | | 100000 | 700 300 | crt vioc | | 7100000 | APPRO | XIMATE IN | NTERVAL |
| PRESTON ST., | IN ITEM 16 R ALONG VSIT PERMIT HYGIENE, | | PART I DE | ATH WAS | S CAUSED B | Υ: | Нур | ert | herm | ia | | | | | | BETWEEN | ONSETA | ND DEATH |
| O | A 24 HO N ITEM 1 ALONG IT PERM YGIENE, | | 1 Talent | | MMEDIATE | | O, OR AS | A CONS | EQUENCE | OF | | | | | | | | |
| X | THIP INS IN H | 1 | | ns, if on | | 4. | | | | | | | | | | | | |
| ₹ | JTED WITHI IN PENCIL I EXAMINER IAL-TRANS MENTAL H DN, OR REA | | couse (a) | se to in stating th | | DUE TO | O. OR AS | A CONS | EQUENCE | OF | | | | | | | | |
| 201 | N. WEXA | | lying cou | se last. | | (e) | | | | | | | | | | | | |
| DS, | A PICE A | - | PART 2 OTHER SI | GNIFICANT C | ONOITIONS CON | TRIBUTING TO C | DEATH BUT | NOT RELATI | EO TO THE TERM | AINAL DISEAS | E OR CONDITION | GIVEN IN PART I | 10 | | | | | |
| Ö | "PENDING" "PENDING" F MEDICAL ED AS A BU HEALTH AN IL, CREMAT | N N | | | | | | | | | | | | | | | | |
| DIVISION OF VITAL RECORDS, | CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HING THE WORD "PENDING" IN PENCIL IN ITEM DED TO THE CHIEF MEDICAL EXAMINER ALON 3 SHOULD BE USED AS A BURIAL -TRANSIT PER DEPARTMENT OF HEALTH AND MENTAL HYGIEN IN PRIOR TO BURIAL, CREMATION, OR REMOVAL | CERTIFICATION | 190. DATE OF | OPERATI | ION | 196 CO | ONDITION | N FOR W | HICH OPE | NOITAS | AS PERFORA | MED? | | | | 20 AUTO | OPSY? | |
| /ITA | WORD "PE WORD "PE CHIEF A BE USED A BURIAL, O | I | F03/ | | | | | | | | | | | | | YES | V | NO 🗆 |
| 7. | THE WENTER | 7 8 | 21a EXTERNA | | | | AE OF IN | | DAY YEA | 21c H | OW INJURY | OCCURRED | ENTER NATUR | OF INJURY IN F | TEM 18 PART 1 O | | 7 | |
| NO NO | THE TO TH | MEDICAL | UNDERLYING | NG CA | R AUSE OF DE | | P.M. | 1/2 | | | cess | heat | from | faul | ty he | eating | SV | ster |
| N N | ERI FINO SEPA | i i | 21d INJURY C | CCURRE | D | | ACE OF I | | (AT HOME. | 21f LO | CATION | | | | | | Md | |
| 5 | S R R R P P | 2 | WHILE AT WORK | NOT W | HILE | SIREE | ho | me |) | 32 | 3 Fay | ette | St. | Cumbe | rland | A11 | ega | STATE |
| | F ₹ 6 E 6 | 18 | | | ook chorge o | f the remain | s describ | ed abov | e held on | Autop | sy XX | Inspection | lo | quiry . | and in my | | Vi. | |
| | EXAMINER: CERTIFICATE ULID BE FOR DIRECTOR: I, WITH THE MARYLAND, | 1 | death results | | Natural | | | cident [| | icide _ | , Hamici | | Undetermin | , | | аріліоп | | |
| | ERTI IN B IN B WITH ARY | | 100/12/200 | | An | | 2 | 1 | | | TITLE (SP | | Onderennin | ed manner | | | | |
| | A THE | | ACTUAL SIGNATURE. | E. S. | 9 11 | W. | ZV | X | 1 | AA | D Assi | | _MEDICAL | EVAMINED | DA | TE 1/30 | 1/85 | |
| | NORE NORE | 7 | | | 1.1 | 8 | 9 | 1 | | ,,,, | | | _MEDICAL | CAMMINER | SIG | NEU_4/ JC | 1105 | |
| | TO MEDICAL EXAMINE EXECUTE THE CERTIFICY PAGE 4 SHOULD BE FR TO FUNERAL DIRECTO AFTER DEATH, WITH THE BATIMORE, MARYLAN | | EXAMINER'S (TYPE OR PRI | | Ann I | M. Dix | con, | M.D | | | ADDRESS | 111 | Penn | St. | Balto | .MD. | | |
| | DAY DEA | 23 a. E | URIAL, CREMA | TION, REA | MOVAL 23b | DATE | | 23c. N/ | AME OF CE | METERY O | R CREMATO | RY | 23d. LOCATI | a th t | | OUNTY | STATE | |
| 07/84 | BP/043 | | Cremati | on. | 1 | /31/85 | 5 | Ro. | sedal | e Cha | pel | | Marti | nsbur | g-Berk | eley-we | est | Va. |
| 25M | DHMH - 17 | | UNERAL DIREC | | zorge- | - AD | DRESS | | ral Hi | , | P.A. 12 | So. DATE REC | D. BY REG | ISTRAR 256 | REGISTRAR | SSIGNATURE | .00 | |
| | (VR A15 ME (5)) | 2 | 02 Gree | ne Si | treet- | Cumbe | rlan | d, M | d. 2 | 1502 | | LER] | 9 13 | الله والم | an handan | Mark faster | - | |



| | FOR STATE | | 145 | | MENT OF H | EALTH | | TAL HYGIEN | | 3 3 | 1 8 | | |
|---|---|--|--|------------|--------------------|--------|-----------------|---------------|--|---------------------|-----------------------------------|---------------------------------|--|
| Marana I | REGISTR. 1. DECEASED I (TYPE OR PRINT) | NAME FIRS | | MIDDLE NMI | EXAMINI | | AST WINEBRE | NNFR | REG. N 20. DATE KNOWNX OF ESTI- DEATH MATED [| | y YEAR | 26. HOUR 1649 | |
| N STA | Male | 4. RACE Cau | S. DATE OF BIRTH | | 6. AGE (IN YEAR | NONTH | DER 1 YR. IF U | JNDER 24 HRS. | 2c. DATE PRONOUNCED DEAD | 2-20 | YEAR 85 | 24 HOUR 1649 _M | |
| POR MAIN | 70. BIRTHPLAC FOREIGN COU Mary | and | 76 CITIZEN OF W | • | | WIDOW | | NORCED | 9. BALTIMORE CITY Allegan | у | | MD. | |
| PAGE PAGE | Cumbe | erland | 11. NAME OF HOS (IF NOT IN SUCH F. Memo ri | a] Ho | spital | | er institutioi | N 12a. US | UAL OCCUPATION (TY MOST OF WORKING LIFE) Miner | Coa. | KIND OF BU OR INDUSTI 1 Min | SINESS RY LOS | |
| AND 3 | Maryla Maryla | and 13b C | ome or other institution, gounty Allegany | 13c. CITY | OR TOWN Savage | | | 10 X 0 | REET ADDRESS Rt 1 Box 86 | , 2154. | 5 | | |
| | | hn | | nebr | enner | | FIRST | maiden nam | E MIDDLE ADDRES | Sween | LAST | | |
| IRS ATTER L. GIVE PA WITH FOR DIVISION | (YES, NO, OR | | GIVE WAR OR DATES) | 214 | | | | | nebrenner | - | | | |
| DE SERVI | 18. CAU PAR | 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac arrest (DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | | BETWEEN ONSET AND DEATH SUdden | |
| EXECUTED WITHING AND NOS" IN PENCIL IN ITER CAL EXAMINER ALCH AND MENTAL HYGIE WATION, OR REMOVA | gav | Conditions, if ony, which gave rise to immediate cause (a) stating the <u>under-lying rayse last</u> DUE TO, OR AS A CONSEQUENCE OF | | | | | | | | | 1 hour | | |
| NG THE WORD "PENDING". IN PENDING THE WORD "PENDING". IN PENDING THE CHIEF MEDICAL EXAMSHOULD BE USED AS A BURIAL BY THE PENDING THE PENDING TO BURIAL, CREMATION OF TO BURIAL, CREMATION | | (c) Acute and chronic lung disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1 (g). | | | | | | | | | | | |
| SHOULD BE ORD "PEN CHIEF MEI E USED AS T OF HEAL! | CE 19a. DA | Cerebral vascular accident(post one year) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? | | | | | | | | 20 | 20 AUTOPSY? | | |
| RIFICATE SE NG THE WOR TO THE CO SHOULD BE SHOULD BE PART MENT | 21a EXT UNDER | ERNAL CAUSE WALLYING OR DESCRIPTION | | A. MONTH | DAY YEAR | 21c HC | W INJURY OC | CURRED (ENTER | NATURE OF INJURY IN ITEM 1 | B PART 1 OR PART 2) | YES 🗌 | NO [X | |
| NER: THIS CERTIF CATE, WRITING FORWARDED TO TOR: PAGE 3 SH THE STATE DEPA AND, 21201 PRO | 0 71d INI | URY OCCURRED NOT WHILE AT WORK | 71e PLACE | | (AT HOME, | | ATION | - 1 | CITY OR TOWN | COUNTY | 34. | STATE | |
| EXAMI CERTIFIC CULD BE UNITH MARYL | 22a. death | I certify that I taak or resulted from: | charge of the remoins de | Accident | | Autops | Hamicide | (IFY) | termined monner | nd in my opinion | 2-20- | OE. | |
| MEDICAL CUTE THE EX 4 SHO FUNERAL MWORE, | SIGNATE SAMIN | IER'S NAMO R PRINT) D | aul Snow. M | n n | 57172 | | D.AST. I | emorial | Hosnital | SIGNED_ | 2-20- | -00_ | |
| BP | 23a BURIAL, CF (SPECIFY) | Burial DIRECTOR | Feb. 23 1 8 | 35 Me | CHANGE AND SERVICE | st C | emeter [25a. | 23d Land M | OCATION YORTOWN T. Savage Y REGISTRAR 256 REG | ISTRAR'S SIGN | land | ATE | |
| DHMH - 17 (VR A15 ME (5)) 20M 4/82 | | | neral Home | , Fr | ostbu | rg, | Md. FE | B 261 | 985 gratia to | widson-Ro | ndella | d A | |

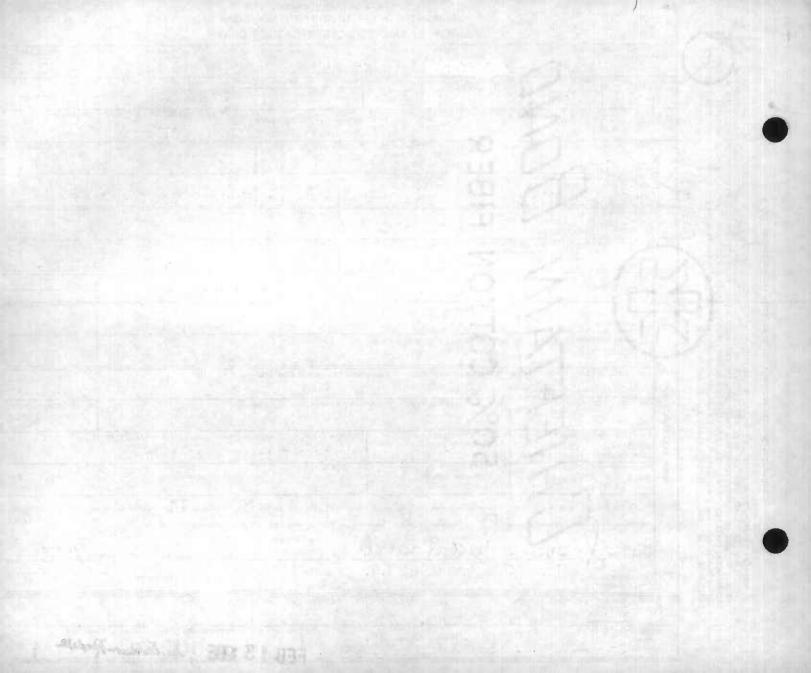
WITH THE Coul. Miles COLLEGE. agroow3 0.000 Tannordon Willeamer C. -0-0-0. Rioter Cambridge State 10-10-10-15 parties . Pub. 23 to Methodict Cometony 110. onv. c. neryland .bs. , weddiers, book factori, said.





DEPARTMENT OF HEALTH AND MENTAL HYGGENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN MONTH DAY OF ESTI-Gilbert Youngblood 800a 85 4 RACE AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS 2c. DATE MONTH LAST BIRTHDAY PRONOUNCED Male White 09 02 1915 69 19 85 1210p DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) USA Allegany WIDOWED DIVORCED D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS Cumber land Sacred Heart Hospital Laborer Railroad 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Cumberland Allegany Co YES NOX Route 6, Box 308, Apt Maryland 8. GIVE PAGES 1, 2, 1 WITH FORM PM 3. I II. PAGES 1 AND 2 SH DIVISION OF WITALR 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Belle Unknown Clara Whisner 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Offutt Street 234-22-6076 Alma Ruth Youngblood, Cumberland, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound to chest, self-inflicted DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS, 201 PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN Severe depression E DEPARTMENT OF HELD OF PRIOR TO BURIAL, O 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [KON 210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING Self-inflicted gunshot wound CONTRIBUTING CAUSE OF DEATH 800am. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: THIS EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR; PAGE AFTRE DEATH, WITH THE STAFF BALTIMORE, MARYLAND, 2120 Inspection X 220. I certify that I took charge of the remains described above, held an Autopsy Suicide X death resulted from: Natural causes Homicide Undetermined manner TITLE (SPECIFY) 2/5/85 Deputy Giovanni Mastrangelo, M.D. 900 Seton Dr; Cumberland, Md. 21502 TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236 DATE 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 2/8/85 Mt. Nebo Cemetery 07/84 Great Cacapon, Morgan, V 25M 24. FUNERAL DIRECTOR ADDRES 306 Union St. **DHMH - 17** Helsley-Johnson F.H. Berkeley Springs, WV Julia Davidson Randelle (VR A15 ME (5))

STATE OF MARYLAND



| | 1 - | FOR STATE REGISTRAR | | | DEPART | MENT OF H | OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH | REG. NO | 0 3 | | 2 | | |
|---|---|---|--|---|--|-----------|---|--|--------------------------------------|------------|------------|-----------|--|
| | | CEASED NAME | | | | L. | AST | 20 DATE OF DEATH | MONTH DAY | | 2b HOUR | | |
| | | ON PROVIS | IONA | M | ARGARET | 7.EM | BOWER | February 2 | 23. 1985 | | 9:40 | a. M | |
| | 3. SE) | (| | 4 RACE | | 5. DATE C | F BIRTH | 6 AGE (IN YEARS LAST BIRT | THDAY) IF UNDE | | IF UNDER 2 | | |
| | -70 | FEMALE | | WHITE | | MADOTT | | 70 | YRS | DATS | HOURS | MIN. | |
| | 7a. BII | | | | WHAT COUNTRY? | MARCH | - 1712 | 9 BALTIMORE CITY O | | ATH | | | |
| 2 | | PA. | | USA | | WIDOWE | _ | NEVER MARRIED AT TECANIV | | | | | |
| _ | 10 CI | TY OR TOWN OF | DEATH | | | NG HOME C | R OTHER INSTITUTION | 120 USUAL OCCUPATION | | | BUSINES | MD. | |
| 2 | C | umberland | d | (IF NOT IN SU | emorial | Hospit | HOUSEWIF | E WORKING LIFE) IND | USTRY | | | | |
| 2 | USUAL RESIDENCE (IF NURSING HOME OR OT 130 STATE MD. ALLEGA | | | OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ANY CUMBERLAND | | | 13d INSIDE CITY LIMITS? | 13 STREET ADDRESS LA | ZIP CODE 2 | CODE 21602 | | | |
| | 14 FA | THER'S NAME SHANNO | N ^ | AIDDLE . | ELLIOTT | | 15 MOTHER'S MAIDEN NAM MAUDE FIRST | ME | ZEMBO | WER | | | |
| Ī | | VAS DECEASED EV | | | 166 SOCIAL SEC | URITY NO. | 17 INFORMANT | ADDRE | | | | | |
| | (1 | (ES, NO NO (IKNOWN) | (IF YES, GIVE | WAR OR DATES) | 216-22- | 5713 | OUISE HOENIC | KA RFD#8 cur | mberland, | md. | | | |
| | NOI | Conditions, if a gave rise to couse (a), steunderlying co | MAS CAUSEI IMMEDIATI inny, which immediate ating the use last. | DUE TO, O DUE TO, O | RAS A CONSEQUENCE ON TRIBUTING TO | PENCE OF | CI probu | A HEHMON | MAGE ' | TO | Jay | ALTH A | |
| 2 | CERTIFICATION | 19a DATE OF OPE | RATION | 196 COND | ITION FOR WHICH | OPERATIO | N WAS PERFORMED | 20a AUTOPSY? | 20b. IF YES, WERE IN CERTIFYING C | | | | |
| 7 | | OR CONTRIBUTING | (B) ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY PRICONTRIBUTING CAUSE OF DEATH FIRETHER NOTIFY MEDICAL EXAMINER) P.M. | | M. MONTH D | AY YEAR | 21¢ HOW INJURY OCCUR | RED (ENIER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) | | | | | |
| 1 | MEDICAL | 21d INJURY OCC | WHILE WORK | 21e PLACE (AT HOME STI | OF INJURY REET, FACTORY, OFFICE. | FARM ETC) | 211 LOCATION STREET | CITY OR TO | wn cor | UNTY | 51 | ATE | |
| | | saw the dece | ased live an | | e deceased from 19_ otter death. | (| d that ir my (aur) apinian o | death occurred an the do | 220 | am the c | | ed | |

DHMH - 16 60M 7/84

BP.

IMPORTANT: If Hem 21 is

(VRA 15, 4)

24 FUNERAL DIRECTOR

BURIAL

23b DATE

22d. PHYSICIAN'S NAME (1YPE OR PRINT)
Dr. William Lamm

SILCOX-MERRITT

230 BURIAL, CREMATION, REMOVAL

26 1985

ADDRESS FUNERAL SERVICE CUMBERLAND

230 NAME OF CEMETERY OR CREMATOR .O.S.OF A. CEMETERY

Memorial Hospital Medical Building

23d TOCATION CENTERVILLE

